

# Integrating Reproductive Health Into NGO Programs Volume 1: Family Planning



Family Planning  
Service Expansion  
and Technical Support

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Second Edition





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This Handbook is part of a broad strategy of the SEATS Project to expand family planning services to meet the needs of women and men who have limited health service options and less access to high quality family planning services. This strategy recognizes the strength and diversity of the NGO community and their commitment to community service as the bridge between services and unmet needs. We gratefully acknowledge the United States Agency for International Development for their financial support of this project through Contract #: CCP-3048-C-00-4004-00.

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## List of Acronyms

BWHC	Bangladesh Women's Health Coalition
CBD	Community-Based Distribution or Distributors
CPR	Contraceptive Prevalence Rate
CYP	Couple-Years of Protection
DHS	Demographic and Health Survey
EDP	Essential Drug Programme
EPI	Expanded Programme on Immunization
FEFO	First to Expire, First Out
FP	Family Planning
FPAB	Family Planning Association of Bangladesh
IEC	Information, Education & Communication
IPPF	International Planned Parenthood Federation
IUD	Intrauterine Device
MCH	Maternal and Child Health
MWRA	Married Women of Reproductive Age
NCWS	National Council of Women's Societies
NGO	Non-Governmental Organization
OC	Oral Contraceptive
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
PVO	Private Voluntary Organization
SAAD	Foundation for South Asian Agricultural Development
SEATS	Family Planning Service Expansion and Technical Support Project
STD	Sexually Transmitted Disease
USAID	United States Agency for International Development
WRA	Women of Reproductive Age





# Introduction



The NGO/PVO (non-governmental organization/private voluntary organization) Reproductive Health Integration Initiative, works with NGOs and PVOs interested in integrating reproductive health into their on-going programs.

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## Who Should Use This Handbook?

This Handbook is designed for well-established non-governmental organizations (NGOs) that:

- are interested in exploring opportunities to integrate family planning services into their existing activities;
- have little previous experience in implementing family planning programs;
- currently promote economic, social or health development in their communities; and
- already have skills and experience in the management of effective community development and/or health programs.

This Handbook focuses on the unique aspects of family planning programs that are key to successful implementation of these programs. Because we assume that the readers are experienced in program implementation and basic management systems, this handbook is **not** intended as a complete management guide for implementing a family planning program.

government services by responding directly to the needs of their communities. Increasingly, to extend the impact of their programs, many NGOs are considering integrating family planning services into their programs.

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## Why Integrate Family Planning?



Family planning is a key component of basic health services because it benefits the health and well-being of women, children, families, and communities. It is essential that women and men have access to family planning so that they can determine the number and spacing of their children and to promote better maternal and child health.

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## Ensuring Quality Services Through “Informed Choice”

NGOs considering integrating family planning services must make a commitment to **quality services** by ensuring that clients are **fully informed** about the range of contraceptive choices. Clients must be informed of all the contraceptive methods available in the country so that they can make an “**informed choice**.” Informed choice is critical to quality family planning programs.

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## How to Use This Handbook

This Handbook can be used either for self-guided study and reference, or as the basis for a facilitated workshop for NGO participants. The Handbook is divided into six “action steps” to guide an NGO manager in deciding whether, and how, to integrate family planning services. Each step covers essential decision-making issues, with key points summarized at the beginning. Experiences from the field (shown as “postcards” in the text) are included to provide examples of how other organizations have handled the step in question.

To provide additional guidance, a case study illustrates and reinforces the major points covered by each step in the Handbook. This case study describes how a micro-enterprise NGO (the Foundation for South Asian Agricultural Development, or SAAD) has proceeded through each step to

explore the key points illustrated by the case. The questions can also be used as learning guides during a group training session.

Use of the Handbook should be adapted to the unique situation of each NGO manager. Worksheets have been provided to assist managers to apply the handbook guidance to their own setting. These Worksheets are also in loose form at the end of the document for the purpose of photocopying. Annexes provide detailed information on specific program areas, including an overview of contraceptive technology, sample records, guidance for commodity procurement, and illustrative indicators for monitoring family planning programs. Annexes 3 and 4 offer specific guidance for developing and sustaining programs. Annex 3: "Basic Principles of Fund-Raising" contains guidance for developing a fund-raising strategy and reviews specific fund-raising methods. Annex 4: "Preparing a Project Proposal" contains a generic framework for project proposals and a proposal checklist for reviewing proposal content.



To provide further guidance, the Annotated Bibliography describes selected publications in five areas: Management and Finance, Logistics Management, General Background, IEC/Counseling, and Guidelines for Delivery of Family Planning Services.

When the Handbook is being used as the basis for an Integration Workshop, a supplementary Trainer's Guide is available, providing instructions and materials for conducting the program. This Trainers' Guide can be obtained from SEATS.

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## Action Steps

Below is a summary of each action step. As each step is completed, the NGO manager should decide if the NGO has the resources and commitment to complete the activities required for providing the family planning services.

### STEP 1: Deciding Whether to Integrate Family Planning

- What is family planning?
- The benefits of family planning
- Determining organizational commitment
- Assessing community needs and demands
- Evaluating local support for family planning

- Defining the elements of high-quality services
- Reviewing family planning services
- Comparing service-delivery models: community-based distribution and clinic-based services
- Planning referral
- Preparing a sustainable program
- Selecting a strategy for your organization



### STEP 3: Measuring Program Results

- Planning for results
- Collecting data
- Monitoring progress
- Evaluating achievements
- Monitoring the effects of integration

### STEP 4: Developing Staff

- Estimating staff requirements
- Supervising and managing staff
- Implementation of a training program

### STEP 5: Developing a Contraceptive Supply System

- Forecasting contraceptive needs
- Maintaining adequate supplies of contraceptives
- Identifying contraceptive suppliers
- Storing and distributing contraceptives
- Record keeping for contraceptive supplies

### STEP 6: Managing the Finances for an Integrated Program

- Preparing a budget
- Managing income from services
- Comparing results with budget projections
- Analyzing cost-effectiveness



# 1 • Deciding Whether to Integrate Family Planning

Is integrating family planning a good decision for your organization? This section highlights some issues to consider when deciding whether integrating family planning into existing services makes sense for your organization. The results of your efforts should prepare you to proceed to Step 2.

The following key points are covered in this Step:



- **What is Family Planning?**

Introduction to what is meant by "family planning."

- **The Benefits of Family Planning**

Decide how the communities you serve will benefit from integration of family planning services.

- **Determining Organizational Commitment**

Involve all staff, as well as the Board of Directors, to determine the level of organizational commitment to integrate family planning into existing services; identify potential constraints.

- **Assessing Community Needs and Demands**

Involve the community from the start in assessing their needs and demands regarding family planning services and in identifying potential barriers to providing those services.

- **Evaluating Local Support for Family Planning**

Meet with key policy- or decision-makers in your community to learn about local or national family planning policies and attitudes that might support or hinder your efforts.

- **Identifying Existing Services and Resources**

Network with other organizations and groups to determine the extent to which family planning services are already being provided. Determine the availability of other financial or informational resources in your community that could be helpful.

## What is Family Planning?

The World Health Organization defines family planning as a body of information and practice that is adopted voluntarily by individuals and couples in order to promote the health and welfare of the family group, and thus contribute effectively to the social development of a country (1975). Family planning means that couples can plan when, how often, and at what intervals they wish to have children in order to build or limit their family size.



In addition, at the 1994 International Conference on Population and Development in Cairo, members agreed that family planning means having the right to be informed and having access to safe, effective, affordable and acceptable methods of choice for the regulation of fertility, as well as access to health care for safe pregnancy and childbirth.

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## The Benefits of Family Planning

Family planning helps to promote the well-being and economic development of families and communities. By enabling couples to take control over their fertility, it allows them to regulate the number and the timing of their children according to their own economic circumstances and help them to ensure that they can afford to properly feed, clothe and educate their offspring. For communities where land is handed down from parents to children, control over the number of children can help parents to avoid the future division of their land into parcels that are too small to adequately support their children's own families and can help communities to avoid the destruction, from over population, of the very environment that supports them.

Determining the number and spacing of children also helps to empower women, by providing them increased opportunities for participation in educational, economic, and social activities. Measures to improve women's status, coupled with access to family planning and other key reproductive health services, are likely to result in the most rapid improvements in health and well-being.

Each year approximately 550,000 women die during pregnancy or childbirth.

Approximately 14.5 million infants and children under age 5 die each year from complications of malnutrition; spacing births would prevent 20% of these deaths.

Multiple pregnancies and pregnancies less than 2 years apart can lead to anemia, maternal malnutrition, and low birth weight babies.

Pregnancies among women who are too young or too old endanger the life of the woman and baby.



Some of the reasons for integrating family planning services into existing programs include:

- To reduce maternal and infant mortality.
- To provide information about and access to family planning methods to men and women who want to space births or limit the size of their families.
- To provide clients with improved access to a variety of services.
- To offer clients a wider range of services and thereby increase satisfaction and demand.
- To improve overall community health.

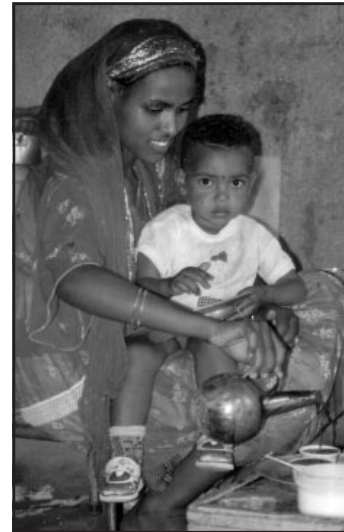


Photo by Susan Ross

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## Defining Organizational Commitment

While your clients' needs or demands for family planning services is key for considering a new service, it is not sufficient to justify adding new services. Your managers must agree that the organization has both the will and the ability to develop an effective and sustainable program.

Interest in the integration of family planning may be motivated by many

board members, or a change in national government strategy and policy. Regardless of the reason for considering family planning integration, a review of the organization's readiness is crucial, as is an assessment of external factors that might affect the success of your efforts.

Your staff and Board of Directors may need more information about the purposes and benefits of family planning, potential activities and strategies, and possible constraints to service delivery so that they may make an informed decision about whether to proceed. If such expertise is not available within the organization, your management team can seek assistance from such external sources as:



- Published family planning literature, (*See Selected Bibliography at the end of the document.*)
- Established family planning NGOs,
- Ministry of Health,
- Conferences and technical meetings, and
- Experts and international organizations concerned with family planning.

After considering family planning integration, the Board of Directors and managers will likely decide to proceed in one of the following directions: to seek additional information; to begin designing an integration strategy; or to abandon the idea of integration. A critical step in the decision-making process is to determine what effect family planning services would have on the organization's mission and goals, its public image, and its financial operations.

## Organizational Mission and Goals

The Board and managers must consider whether the provision of family planning is consistent with the established mission and goals of the organization. Managers of NGOs providing health services must decide if and how family planning services would complement their current activities. NGOs providing non-health services, such as support for micro-enterprise development or agricultural extension work, will need to consider how family planning services could improve community participation and the health and well-being of clients.



Every NGO has a public image or reputation among clients and within the wider community. When deciding whether to integrate family planning, you will need to consider the impact of family planning on two aspects of your NGO's public image: first, how this public image will be affected by family planning, and second, how your public image will influence clients' willingness to seek family planning services if they are offered.

## Financial Operations

It is essential to assess whether and to what extent adding family planning services will contribute to your organization's financial stability. Although funds may be available to start a program, the community may suffer if services are discontinued when funding no longer is available. Furthermore, the NGO's reputation also will suffer. Issues to consider include:

- Costs associated with integration,
- The organization's fee structure,
- Fund-raising plans,
- Potential need for additional technical staff, and
- The duration of existing and potential funding agency commitments.

If the Board and managers decide to continue investigating integration, the NGO staff should be informed and involved. In discussing family planning integration with the staff, you should seek their ideas, expertise, experience, and concerns about the proposed new program.



# I

Organizational Issues	Questions to Ask
Organizational mission and goals	Would family planning fit in or improve the existing mission and goals?
Organizational image	How would family planning services impact the organizational image?  How would the organizational image affect the use of family planning services?
Political	Is family planning a national government priority?  Is family planning a community priority?
Financial	Would family planning services increase the financial strength of the organization by diversifying income or subsidizing services?  Would current funding agencies be supportive of adding family planning services?

*To assist you in recording your answers to these questions, see Worksheet 1a at the back of this Handbook.*



1. What do we know about this NGO and its programs?
2. How successful is the dairy farming program?
3. What problems is the program facing?
4. What can we say about SAAD's approach?

## Assessing Organizational Commitment

The Foundation for South Asian Agricultural Development (SAAD) is an NGO that promotes agricultural development programs among small-scale farms in a Southeast Asian country. SAAD's head office is located in the regional capital, with district sub-offices. At the district level, SAAD offices have a small team of agricultural development officers who provide training and support for communities participating in SAAD programs.

One of SAAD's programs is a dairy farming scheme in one district. A total of 120 women, spread across 35 villages, receive loans from the project. The project provides training and advice, and a local milk processing plant buys the milk from the farmers at the standard rate and picks up the milk from a collection point in the district town. The farmers have to find their own transportation to bring their milk to the collection point, sometimes more than 40 miles away from their farms, over poor roads.

At this time, the project is over four years old and only twelve women have defaulted on their loans. In most cases, the inability to maintain the repayments resulted from the dairy farmer being unable to continue the work associated with caring for the cows and transporting the milk due to sickness in the family or the birth of a new child.

Recently, SAAD staff asked the dairy farmers for their ideas on how the program might be improved. One woman shared a problem. She had three young children, the last born earlier in the year. During the late stages of her pregnancy, she had fallen ill and had found it difficult to care for her cows. Her husband was busy all day with his own farming responsibilities. Following the birth, the added costs of the new child made it difficult to cope with repaying her loans. It was also difficult to keep up with the work needed to keep her cows healthy.

Many other dairy farmers shared her concerns. Some voiced problems about taking their children for immunizations, since the visit would take a whole day. The dairy farmers asked what the SAAD staff could do and the SAAD team said they would discuss the issue with their managers.

The director of SAAD listened to the team's report; she was concerned about the dairy farmers' situation and the possible long-term impact on the project. Not knowing much about health and family planning, she made an appointment with the executive director of the International Planned Parenthood Federation (IPPF) affiliate. She learned that quality family planning services are key to improving the status of women, the health of women and children, and, in a broader sense, the economic well-being of the community. She also confirmed that the dairy farmers in the project district were at high risk because of poor access to health services.

Following this meeting, the SAAD director discussed family planning with her management team



## Assessing Community Needs and Demands

Before making a commitment to adding family planning to your existing services, you must know whether the community will support your efforts. Often, it is necessary to assess community needs at the same time the NGO assesses its own organizational commitment. Therefore, the community must be involved from the start to help you assess and prioritize their needs for family planning services and to identify potential barriers to providing those services.



Your findings of community needs will guide the selection of a family planning service delivery strategy. For example, in a community where services are available, but where women do not seek services because of tradition, your strategy would differ from that used in a community where unmet needs are high because women simply lack information about their family planning options.

In general, NGOs know their communities and should be able to complete an informal analysis of client needs and interest in a relatively short period of time. Your organization should avoid long studies to define client needs and focus instead on turning needs into action.

### Determining an Unmet Need for Family Planning

The unmet need for family planning in a given community is defined as the proportion of women or couples wishing to regulate their fertility but who are not currently practicing family planning.

To find out the unmet need for family planning services in your community, it is useful to talk to those members of the community who are participating in your current programs. This could be done through group or individual interviews. Possible items for discussion would include:

- How many children do they have?
- How many children do they want?
- What do they know about family planning, particularly modern methods?
- Are they using any modern family planning methods now?
- Do they want to use family planning?
- Are their children healthy?
- Are the parents healthy?

Included in the box below:

Information	Sources
Desire for children	Interviews with men, women, community leaders, religious leaders, health workers, teachers
Fears about family planning	Group discussions
Health worker attitudes toward women	Observation
Community leader attitudes toward family planning	
Religious barriers to family planning	
Perception of women's role in decision-making	
Attitudes toward breast-feeding	
Knowledge of health and its relationship to family planning	



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## Gathering Key Health Information about Potential Clients

Sometimes the need for family planning services is difficult to determine. There are different groups of potential clients, such as women and men of reproductive age, married women of reproductive age and youth that may need services within a community. The desire to space births or limit family size may be hidden or unspoken because of local customs and beliefs. There are ways to estimate the family planning needs in a community, however, by looking at other health issues. For example,

- Reports of women's deaths associated with childbirth or pregnancy (maternal mortality) could signal: (1) a need for family planning among those women who are at risk because of their age (either too young or too old); (2) women whose children are too closely spaced (less than two years apart); or (3) women who have had many

space births.

- Reports of high numbers of abortions may be an indication of an unmet need for family planning.

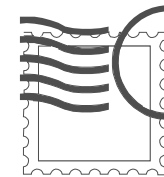
The data that are most commonly available for program planning are national-level indicators of social, economic, and demographic status, such as those available from the National Demographic and Health Surveys. Although these data are useful, they are of limited value to an NGO planning programs at the local level. Of much greater use are local data that provide a more accurate picture of the community. However, since local data are more difficult to obtain, you may need to rely primarily on information gathered from your current and potential clients.



*See Annex 1 for more information on how to locate existing health status data relevant to family planning.*

The following “Experience from the Field” shows the importance of collecting local information to highlight the need for integrated family planning services.

## Experience From the Field



### Population and Family Planning Expansion Project, CARE, Bangladesh

CARE/Bangladesh integrated family planning services with its existing Child Health Program in the port of Chittagong. Integration occurred after CARE staff noted large gaps between the client demand for family planning and access to services.

CARE's survey results were consistent with national findings: unmet need for FP among 24% of Married Women of Reproductive Age (MWRA); a wide gap between actual and desired family size; under-five mortality 180 per 1,000. Women's access to services was limited because of national cultural norms that discouraged women from participating in activities outside their homes. CARE's situation assessment of Chittagong indicated that this community was one of the most underserved in Bangladesh.

## Evaluating Local Support for Family Planning

At the local level, it is very important to understand the community's attitudes to and perceptions of family planning. To do this, you could identify the formal and informal leaders in your community, such as religious leaders, teachers, health workers and politicians, and interview them about family planning. Since community leaders influence the opinions of others in the community, you need to find out their views and be prepared to include their support or address their opposition. On the other hand, you should remember that community leaders are sometimes misinformed or have a bias about family planning, which may create a barrier to estimating the real demand for services.

Similarly, women and men are frequently uninformed or misinformed about their family planning choices. Poor knowledge of family planning, low literacy, poor status of women, and widespread misconceptions about family planning methods may result in poor demand for services despite a very high unmet need. Social obstacles such as fear of side effects or social or familial disapproval also may influence the choices women make. In your discussions with women in your community, it is important to have a full understanding of the factors that influence their family planning decisions.

The existence of a national strategy for family planning is a good sign of political support. It is also important to find out whether family planning is considered a priority by funding agencies. Specifically, ask the following questions:

- What are the national policies and local attitudes regarding family planning?
- How could these policies and views support or hinder your efforts?
- If there are no specific policies, what level of political support exists locally or nationally for your efforts?



Photo by Susan Ross



## Identifying Existing Resources and Services

Having identified the needs and interest of community members, the next step is to map out the family planning and related services that are currently available to the community. Invite representatives of local family planning service NGOs, government health facilities and private providers to discuss community needs and to describe available services. The resulting map should indicate the location of service sites and describe service types.

*Worksheet 1 provided at the back of this Handbook will help you prepare a complete map of family planning services.*



When you are mapping services, keep the following questions in mind:

- Who are the providers of family planning services in the community?
- Where are services provided?
- What types of family planning and other related services are provided?
- How is quality of care addressed?
- What are the characteristics of the clients (e.g., age, gender, socio-economic status, religion)?
- When are services available? Are the hours of service compatible with community needs?
- What is the cost of services to clients?



oto by Susan Ross



# Family Planning Services Map

Services	Government Hospital and FP Clinic	Family Planning Association	Private Practitioners	Pharmacies	Other NGOs
Information, Education & Communication (IEC)		✓	✓		✓
Counseling		✓	✓		
Contraceptive Supplies/ Services	intrauterine devices (IUD), oral contraceptives (OC), implants, male and female sterilization	condoms, vaginal foaming tablets, OCs, IUDs, injectables, male or female sterilization	OCs, IUDs, injectables, implants	vaginal foaming tablets, condoms, OCs	
Referral/Clinical Back-up Available	✓	✓	✓		
Related Maternal/Child Health (MCH) and Reproductive Health Services	prenatal/antenatal care, oral rehydration, sexually transmitted disease (STD) treatment	✓	prenatal/antenatal care, oral rehydration, STD treatment	oral rehydration	✓
Location	2 hours distance	2 hours distance	1 hour distance	local vicinity	local vicinity
Hours of Service	5 days/week	6 days/week, afternoons only	5 days/week	6 days/week	5 days/week
Fees	yes	yes	yes	yes	no



## Key Questions

1. What information might the SAAD Director have been given that would indicate a need for family planning services?
2. What indications of need for health and family planning services did the dairy farmers express?
3. What can we say about SAAD's approach to the concerns of the dairy farmers?

## Assessing Community Needs



During her meeting with the IPPF director, the SAAD director was given data on the health of women and children from the Demographic and Health Survey. This data suggested that the dairy farmers' concerns were valid. SAAD decided to call a meeting of the dairy farmers to explore ways to solve their problems.

Presentation of national statistics on the health of women and children led to a discussion of local problems. The SAAD representatives learned that the women rarely visited the nearest government health center because of distance and transportation problems. The women went to private practitioners for acute illness and accidents; however, these services were expensive and did not include family planning or immunizations.

The IPPF representative explained that neither IPPF nor the government had enough resources to bring services to every village. She said, however, that it might be possible for the villages to have family planning services if the villagers were willing to take some responsibility themselves. The farmers said they were willing to do their part and asked for help from SAAD and IPPF to determine what might be done. The meeting closed with an agreement to meet again two months later to discuss their options.



## 2: Selecting a Program Strategy

Now that you have completed Step 1, your NGO should have a good understanding of community concerns and of the unmet need and demand for family planning services. By the end of Step 2, you will be able to prepare a strategy that defines both the types of services to be offered by your NGO and how they can be delivered most effectively. It is important to “start small” and gradually expand services.

The following key points are covered in this step:



- **Defining the Elements of High-Quality Services**

A review of the six elements of high-quality family planning services. The importance of counseling and informed choice are highlighted, together with the need for information, education, and communication to establish good client interaction.

- **Reviewing Family Planning Services**

Brief descriptions of family planning services that your NGO may offer clients, including: information and education, counseling, contraceptive method services and referral.

- **Comparing Service Delivery Models: Community-Based Distribution and Clinic-Based Services**

Description of the two service delivery models and associated requirements for effective implementation.

- **Planning Referral and Clinical Back-up Services**

How to plan for and develop an effective referral system for your family planning program.

- **Preparing a Sustainable Program**

Technical and financial issues to consider as you develop a sustainable family planning program.

- **Selecting a Strategy for Your Organization**

## Defining the Elements of High-Quality Services

The quality of family planning services is a key factor in clients' decisions to use contraception. "Contraceptive prevalence" is determined not only by the number of couples who adopt family planning, but also by the length of time that they continue to use family planning. Clients for family planning are more likely to use services that they perceive to be of good quality.

By considering quality from the very beginning, your family planning program can be designed with *quality at the center*. In addition, including indicators of quality in the program's monitoring plan will help ensure that quality is a focus throughout the life of the program.

## 2

Quality of care is reflected by the type of services offered and the way individuals and couples are treated by the family planning system. The foundation for all high-quality family planning services is "informed choice," as described below.

### Informed Choice

Informed choice means that clients are told about a range of contraceptive methods from which to choose and are not pressured to use any one particular method. It is important to emphasize that clients should not be advised to use a particular method. Rather, the counselor assists clients to define their own family planning goals and helps each client to make his/her own decision by providing information about each method, including how to use the method, the benefits and risks, any side effects, and costs.



below.

## Elements of High-Quality Care\*

Element	Component	Notes
Choice of family planning methods	<ul style="list-style-type: none"> <li>• Availability of contraceptives</li> <li>• Variety of methods available</li> <li>• Ease of referral</li> </ul>	Choice refers to the number and range of methods offered. It provides satisfactory choices for men and women who wish to space, limit, or cease childbearing.
Information and counseling given to clients	<ul style="list-style-type: none"> <li>• Information about methods</li> <li>• Client understanding of information given</li> <li>• Availability of method counseling</li> <li>• Counseling skills of service providers</li> </ul>	This refers to information given during the client visit, which enables clients to choose and use a family planning method satisfactorily. It includes details on the range of methods, advantages and disadvantages, how to use the method selected, possible side effects, and the level of support clients can expect from the service provider.
Technical competence	<ul style="list-style-type: none"> <li>• Staff skills and training</li> <li>• Availability of service protocols</li> <li>• Availability of technical support</li> <li>• Level of hygiene and infection control</li> </ul>	The clinical competence of the service provider.
Interpersonal relations	<ul style="list-style-type: none"> <li>• Client-provider communications</li> <li>• Respect, understanding, and truth shown</li> </ul>	How clients feel about the attitudes of providers and the services they have received, as well as the competence of service providers in interpersonal relations.
Mechanisms to encourage continuity	<ul style="list-style-type: none"> <li>• Adequate client follow-up</li> <li>• Information about return visits</li> <li>• Positive provider-client relationship</li> </ul>	These are included in a program's ability to promote continued contraceptive use. It can rely on community media or follow-up mechanisms such as home visits by providers.
Appropriate constellation of services	<ul style="list-style-type: none"> <li>• Location of services</li> <li>• Days and hours of operation</li> <li>• Privacy</li> <li>• Variety of services available</li> <li>• State of physical facilities</li> <li>• Client flow and waiting time</li> <li>• Staffing patterns</li> </ul>	Family planning services should be convenient and acceptable to clients. Policies and procedures that create barriers to use, such as requirements for frequent revisits and excessive data collection, should be avoided. There is no single, ideal model; appropriateness will vary according to the local situation.

Since your NGO may not be experienced in family planning service delivery, this section begins with a brief overview of the standard elements of a good family planning program, including service delivery options and requirements.

A key point throughout this section is to "start small" and gradually expand services, if needed. This will greatly improve your chances of success. Other NGOs in your region may have expertise in the activities below; these NGOs could be good resources for you.

### Information, Education, and Communication (IEC)



Family planning messages can be offered in many venues including clinics, communities, schools, workplace settings, and meetings. Your NGO may choose to provide only information and education to potential family planning clients, referring those interested in using a method to other agencies. Information and education messages are helpful even if contraceptive methods are not offered, but it is very important to inform people where services are available.

Information and education messages are communicated person to person or using visual, audio or audio-visual materials. IEC activities can clarify misperceptions and rumors about family planning methods, change negative attitudes, and encourage the use of a family planning method that suits the client's needs. IEC materials also tell people where and when services are available. The goal is to:

- Increase awareness that family planning saves the lives of women and children and brings many benefits to the community.
- Enhance the ability of couples and individuals to exercise their right to decide freely and responsibly the number and spacing of their children.
- Encourage action to improve the quality and accessibility of family planning services.
- Improve attitudes or beliefs about the safety of contraceptives and about the advantages of proper birth spacing.
-

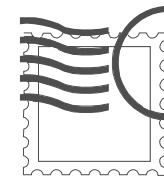
Counseling is a person-to-person interaction during which the counselor provides information to enable the client to decide what action is best for him or her. Counseling provides clients with initial support and advice regarding their family planning decisions, including information enabling them to decide whether to use a family planning method and if so, which one.

Counseling is equally important for continuing users who, for example, may experience side effects or have concerns about contraceptive effectiveness. In addition, over time, a client's reproductive goals may change and she may wish either to switch methods or to discontinue contraception. The key to counseling is to listen to clients' needs, respect their decisions, and assist them in finding an approach that best suits their reproductive goals.

*See Annex 2 for further information on counseling.*



## **Experience From the Field**



The Bangladesh Women's Health Coalition (BWHC), a non-governmental reproductive health service, views counseling as an integral component of all of its services. The BWHC's basic principles provide a guiding framework for counseling services:

- Treat every client with respect
- Discuss each client's particular needs
- Provide sufficient information and counseling to help clients make their own reproductive health choices

All BWHC staff participate in counseling activities. This emphasis on good counseling is reinforced by a staff compensation system that links salary increases and promotions to a demonstration of good interpersonal relations with clients. The high rate of return visits by clients reflects the program's success.

Source: *Outlook*, Vol.13, No.1, May 1995, PATH.

Many NGOs will be interested in providing contraceptive methods and resupplying clients as an important element of their program. Before making a decision on what methods you wish to provide, you should have a good understanding of the characteristics of the different methods and the service conditions (i.e. the facilities and trained staff) that are needed for high-quality service delivery. For example, workers who counsel clients and distribute methods such as oral contraceptives and condoms in the community have different training and facility requirements than workers who insert IUDs or perform tubal ligations. All organizations providing method counseling and/or services will require a referral network for clients who need other methods and or clinical back-up.

## 2

Choice of the methods to be provided by your program will depend on such factors as cost, clinical requirements, and availability of staff and facilities.

*See Annex 2 for method details.*





Two basic approaches used to deliver family planning services are presented here: *community-based distribution (CBD)* and *clinic-based services*. These approaches can be used alone or in combination, depending on available resources and on community needs.

A variation of these two basic service types is the mobile clinic which offers clinic-type services at regular intervals closer to remote communities. Mobile services can also support community-based distribution by offering a referral point and resupplying CBDs.

This section helps you compare the requirements for each model of service delivery and assess which would be best for your NGO.

### Community-Based Distribution



Three somewhat different approaches to community-based family planning service delivery are classified as "community-based distribution". These include: the community-based agent, the community-based supply depot and community-based retail sales. All three approaches take services closer to the people who need them.

#### *Type 1. Community-Based Agent*

Community-based agent programs select and train people from within the community to provide family planning education and information. Agents guide clients in selecting methods, and they distribute a limited range of contraceptive methods, typically oral contraceptive pills and condoms. Community-based agents or distributors (CBDs) are also trained to identify possible side effects and refer clients who require additional assistance.

CBD services can be offered at a variety of locations--in homes, at the workplace or marketplace, in kiosks, or in shops. While this approach does not use a fixed clinic site to deliver family planning services, it does require that referral sites be accessible to clients who may need follow-up care or who desire methods not offered through the CBD program. CBD agents themselves are linked to the referral sites as a source of supervision and supply.

#### *Type 2. Community-Based Supply Depot*

The supply depot model provides a source of resupply in communities

supplies. Since depot-holders are not required to counsel for method selection prior to dispensing the initial supply of contraceptives, their training is more limited than CBD training. Job-specific training includes method use, side effects, referral procedures, recording and reporting requirements, and managing storage and distribution. The approach is most appropriate in remote areas where services are scarce and the potential for effective supervision is limited.

### *Type 3. Community-Based Retail Distribution*

Retail distribution of contraceptives through existing retail outlets such as kiosks, pharmacies, and small shops is frequently associated with social marketing, a program to provide contraceptives at affordable prices. Commercial sales agents are trained to screen customers for symptoms of risk before distributing contraceptives and to refer those who report side effects. Contraceptive supply is maintained through commercial distribution channels.



### **Clinic-Based Services**

Clinics are fixed health facilities where trained health workers offer a range of services, including family planning. Clinics are part of the family planning referral chain, receiving clients from community-based agents and sending clients for services not offered at the clinic. Clinics have permanently assigned staff who are trained in IEC, counseling and contraceptive method services.

The service delivery standards for community-based and clinic services

## Service Delivery Standards

Service Component	CBD Services	Clinic Services
Service Provider - Client Contact	<ul style="list-style-type: none"> <li>Regular contact at predetermined intervals</li> <li>Maximum interval between contact 3 months</li> </ul>	<ul style="list-style-type: none"> <li>Open 5-6 days per week during hours which reflect demand</li> <li>Services on demand</li> <li>Scheduled appointments</li> <li>Walking distance from community</li> </ul>
Place of Contact	<ul style="list-style-type: none"> <li>Opportunity for private conversation</li> </ul>	<ul style="list-style-type: none"> <li>Privacy for counseling, examinations and procedures</li> <li>Water and electricity</li> <li>Appropriately equipped examination/procedures room</li> <li>Provision for sterile/clean equipment</li> </ul>
Service Provider	<ul style="list-style-type: none"> <li>Must be of appropriate sex, marital status and age, according to social norms</li> <li>CBD trained</li> <li>Supervision plan and procedures in place</li> </ul>	<ul style="list-style-type: none"> <li>Health worker(s) trained in counseling, methods offered, problem management and referral</li> </ul>
Duration of Contact	<ul style="list-style-type: none"> <li>Initial contact of sufficient duration to offer full information on family planning methods, counseling for choice, and referral</li> </ul>	<ul style="list-style-type: none"> <li>Initial and follow-up contact of sufficient duration for counseling, method management and referral.</li> </ul>
Contraceptive Supply	<ul style="list-style-type: none"> <li>Supply through depot-holder or clinic guaranteed</li> </ul>	<ul style="list-style-type: none"> <li>Supply guaranteed</li> <li>Conforms to storage standards</li> </ul>

## Key Questions

1. Why were the farmers selected to be CBDs?
2. What support did SAAD receive from the IPPF?
3. What FP services were available to the community because of the SAAD project?
4. What was the role of the SAAD board in facilitating the project?

## Developing the Strategy

After the first meeting with the dairy farmers, IPPF staff considered a possible strategy for village-level health and family planning services. Since there was infrequent contact between the SAAD extension workers and the dairy farmers, they believed the best strategy was for the dairy farmers themselves to become CBDs. The CBDs could distribute non-clinical family planning methods (pills and condoms) as well as oral rehydration salts (ORS), and perhaps provide treatment for anemia during pregnancy. The dairy farmers' participation in the SAAD project already gave them status and this would help them gain community approval as CBDs. In addition, because government clinics charged for commodities, the CBDs could receive some financial incentive by selling items at a price slightly higher than cost.

Other services that the dairy farmers had mentioned, such as immunizations, and a wider range of family planning methods, would have to be provided by trained health staff. The IPPF staff felt that their existing mobile clinic could visit a central location twice a month (possibly the milk collection point) where clinical staff could provide services.

The IPPF staff then mapped out the elements of this strategy for discussion with SAAD and the dairy farmers:

## SAAD's Family Planning Strategy for Community-Based Distribution

CBDs	SAAD Project Dairy Farmers						
Role of CBDs	Inform, counsel, resupply pills and condoms, and refer clients to clinic						
Clients to be served	Total population in 35 villages (42,000), particularly: <table> <tr> <td>Married women of reproductive age (25%)</td><td>10,500</td></tr> <tr> <td>Not currently using family planning (82%)</td><td>8,610</td></tr> <tr> <td>Not currently pregnant women (85%)</td><td>7,320</td></tr> </table>	Married women of reproductive age (25%)	10,500	Not currently using family planning (82%)	8,610	Not currently pregnant women (85%)	7,320
Married women of reproductive age (25%)	10,500						
Not currently using family planning (82%)	8,610						
Not currently pregnant women (85%)	7,320						
Contact site	Home of CBD or of client						
Frequency of contact	Once every three months for resupply*; as necessary for motivation						
Duration of contact	As required for motivation and resupply						

\* One month initial supply; following clinic visit, three month resupply available.

# Integrating Family Planning into a Dairy Cooperative

## Developing the Strategy *(continued)*

### SAAD's Family Planning Strategy for Clinical Services

Service providers	IPPF nurse/midwife and nurse aide from mobile clinic
Role of clinic	Check-ups for new clients interested in pills Provision of IUDs/injectables Investigation of family planning problems Referral for sterilization, Norplant® implants Diagnosis and treatment of STDs Immunizations (child immunizations and tetanus toxoid) Antenatal checkups Support, training and resupply of CBDs
Clients to be served	Clients referred by CBDs
Contact site	Mobile clinic at milk collection point
Frequency of contact	Twice per month

The IPPF staff discussed the strategy with SAAD and the dairy farmers. By the end of the meeting, it was agreed that the dairy farmers would be trained by IPPF to act as CBDs. The IPPF mobile clinic staff agreed to supervise the CBDs and resupply them with condoms, pills, and ORS. The mobile clinic would visit the milk collection point the same days each month. Clients needing to attend the mobile clinic could ride with the dairy farmers as they delivered their milk. There was discussion and agreement about the cost of contraceptives and ORS and the price at which each would be sold by the CBDs.

The SAAD's director presented the IPPF proposal to the SAAD board of directors, who weighed the costs of supporting this scheme against the potential costs of further dropouts from the dairy farming project. They agreed to support the project for three years as long as the cost was not more than \$15,000.

### Why are Referral Systems Important?

Developing and maintaining an effective referral system is key to the delivery of high-quality family planning services. When an effective referral system is in place, clients have access to a full range of family planning methods and services. Referral systems also support method continuation by offering follow-up counseling and care.

Since NGOs interested in integrating family planning services usually offer a limited set of services, good referral systems are essential. All elements of the referral system should be defined during program planning. The elements include identification of referral points, setting up referral relationships, staff training, information processing, and monitoring referral effectiveness.

Please remember, if an effective referral network cannot be established, your organization should not offer family planning services.

### How Does the Referral System Work?

CBDs often rely on referral facilities to ensure clients' access to methods not offered in the community and for management of method-related problems. In these situations, the CBD identifies a referral site where the client can go for reliable care.

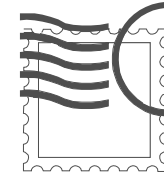
Effective referral requires that the client:

- receives details about the referral site (name, location, description of services offered, and prices charged);
- receives services at the referral site; and
- informs the CBD of the referral outcome.

Clinic-based facilities which offer limited selection of family planning methods and services will also need a referral network. For example, a clinic offering method counseling, IUD insertion, injectables, pills, and barrier methods should refer clients to a higher-level clinical facility for longer-duration methods like Norplant® or permanent methods, such as sterilization.



## Experience From the Field



### National Council of Women's Societies (NCWS), Nigeria

In Osum State in Nigeria, five NGOs collaborated to expand family planning services to rural communities. Project activities included mass education, mobilization campaigns, and outreach by community-based distributors who were traders and agricultural workers. To provide referral services, the NCWS established a small clinic where IUDs and injectables were available. In addition, a formal referral system linked clients to the State Ministry of Health and to private medical practitioners for surgical contraception (including implants) and treatment of sexually transmitted diseases.

Source: *Unpublished CEDPA reports.*



## Designing the Referral System

There are five steps in establishing an effective referral system. An NGO must:

### 1. Identify the Referral Sites

It is important to collect information from both government and private sectors about the types of family planning services they offer. The following information will assist your organization to define an appropriate referral pattern.

- Location of referral site and transportation options,
- Service schedule (hours/days),
- Services offered (family planning methods and other services), and
- Cost of methods, including service fees.

## 2

Service at both clinic and community sites improves when formal referral relationships are established. Clients are less likely to get lost in the referral process when health workers and community-based agents have full knowledge about the services offered at referral sites. Clients get the services they need and workers receive feedback about their referrals. Your NGO should obtain formal commitments from clinical providers at referral points, document the referral network relationships, and provide the staff in clinics and communities with all details about clinical referral services.

### 3. Train Staff for Referral

As an integral part of training, staff should visit the referral sites to observe procedures and meet the staff. Training experiences should develop the following knowledge and skills:

- Details of the referral network,
- Counseling clients for referral,
- Decision making for client referral, and
- Completing referral processes and procedures.

### 4. Develop an Information System

Your NGO should collect client referral information to accomplish the following:

- Document program successes,
- Monitor the referral process for problems and successes, and
- Assist workers to maintain high-quality referral services.

The client record card, provider register and referral follow-up form can be used to collect this information. *See Annex 7.*

### 5. Monitor and Analyze Referral Information

Indicators of effectiveness will be needed to help your organization monitor and evaluate the progress and results of referrals. Effective referral is

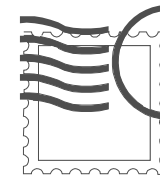


the referral system by collecting and analyzing the following information.

- Referrals by method/reason,
- Staff referral patterns, and
- Referral completion rates.

*For assistance in planning your referral system, see Worksheet 2a.*

## **Experience From the Field**



# 2

### **Community Reproductive Health in Southwestern Uganda**

In rural Uganda, where there is significant unmet need for family planning, few government or private health facilities provide family planning services. The Uganda Community-Based Health Care Association, a network of private voluntary organizations, has developed a strategy to extend family planning services to the community through its networks, including mission health facilities, community health workers, and village women's groups.

Their strategy seeks to ensure that a full range of family planning services are available by offering both clinic-based and community-based services. Key roles in implementing services have been undertaken by the following groups: (a) the Church of Uganda provides comprehensive services through its health facilities; (b) the Catholic Mission health facilities provide counseling and referral; and (c) private men's and women's groups such as mothers' unions and income-generating associations are sources of community-based education, counseling, family planning services, and referral.

Clinic-based services will be introduced in 10 Church of Uganda health facilities, and a network of 360 members of community-based groups will provide family planning education, distribute pills, condoms, and foaming tablets, and refer clients to other facilities for methods not offered through community distribution. The Ministry of Health will conduct training for clinical staff and outreach workers as well as follow-up the work of outreach workers.

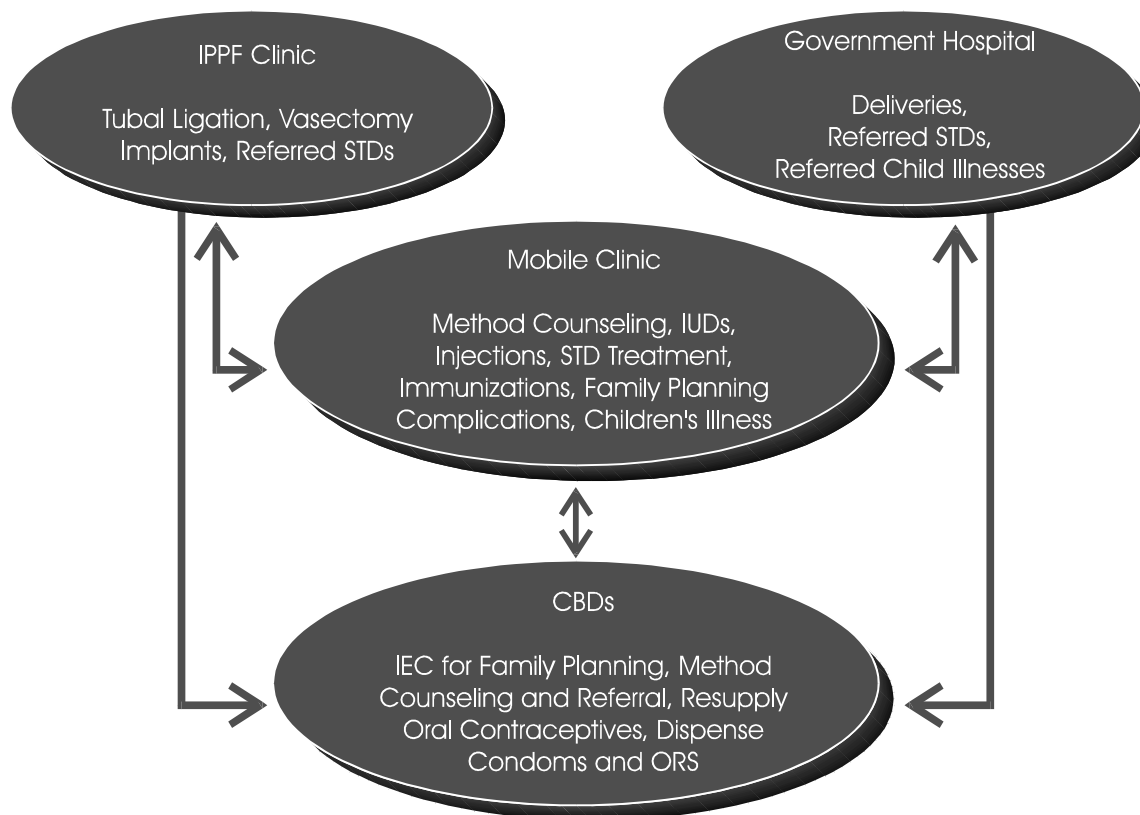
Source: *Unpublished CARE reports.*

1. Does the referral system proposed by IPPF comply with the requirements for an effective system as laid out in this Handbook?

## Defining the Referral System

IPPF and the dairy farmers discussed technical support and the referral system for the CBDs. They agreed on the following referral system:

2



IPPF offered to discuss the new CBD program with the head of the family planning clinic at the government hospital.

IPPF also designed a record-keeping system for the CBDs. When a CBD referred a client, this would be noted on both the client-record card and the CBD's client register. The CBD would then follow

### What is Sustainability?

Sustainability is the capacity of a program to continue its activities, over the long term, despite changes in its environment. A sustainable program is able to make plans for the future, fulfill those plans, and develop diversified sources of income for its activities so that the program is not threatened by the loss of a single funding source. Sustainability needs to be considered right from the start, during the program planning stage.

### What are the Main Components of Sustainability?

Sustainability involves both institutional and financial factors, as described below.



#### ***Institutional Factors:***

To be sustainable, a program requires effective management and administrative systems to guide and support the delivery of services. These systems include:

- **Strategic planning:** Assessing the future to identify opportunities and threats for the future of the NGO and its programs.
- **Program monitoring and evaluation:** Regularly tracking progress to ensure the program remains on course and achieves its goals.
- **Marketing:** Promoting services to increase client demand. Increased demand will raise service revenues and improve cost-efficiency.
- **Supply management:** Ensuring that the right equipment and supplies are available, where and when needed, and at the right cost.
- **Human resource management:** Ensuring that the right numbers of appropriately-trained staff are available and committed to carrying out the planned

## 2

An NGO must be able to attract resources for the implementation of its programs. Many donors now require that the agencies they support deal with the question of long-term financial sustainability and may provide some assistance in developing appropriate strategies. Strategies for enhancing financial sustainability include:

- **User fees:** Recovery of all or part of program costs through a system of user fees. Over the long term, the ability to recover costs through user fees is the best strategy for financial sustainability. User fees should be introduced at the start of a program since it is more difficult to ask people to pay for something that they have previously received free of charge.

*For more information on user fees, see “Designing a Family Planning User Fee System” listed in the Annotated Bibliography.*

- **Subsidies:** Supporting the costs of the family planning activities with funds raised through another activity, such as sales of other commodities.
- **Decreasing the cost of services:** Increasing the volume of clients served will reduce the cost of each service provided.
- **Increasing cost-efficiency:** Using strong financial planning and management practices that enable you to identify opportunities and implement actions to increase efficiency.
- **Raising funds:** Other financing options, which may provide temporary or supplementary funds for the family planning activities, can also be considered as part of your NGO’s financial sustainability strategy. These include government or donor support, cash or in kind, and various fund-raising activities.

*Some ideas for fund-raising are given in Annex 3.*

*Guidance for preparing proposals for donor funding is given in Annex 4.*

There is no simple answer -- the specific circumstances of your NGO and country will help you to determine what level of sustainability is feasible. However it is important to state that some types of programs rarely become self-financing. For example, programs for youth will probably always need to be subsidized financially.



2

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## Selecting the Best Strategy for Your Organization

Based on the information presented in the previous sections, you should now consider which service delivery strategy fits with your existing resources and capabilities. The chart on the following page offers a series of questions to consider as you review service delivery strategy options, i.e. IEC, CBD, Clinic-Based Services. Take each strategy one at a time and think through the answers to the questions. For example, "can existing staff be trained to provide CBD services?". This process should help you to select a strategy which is feasible for your organization to implement. You may also identify additional questions which must be answered before you can choose a family planning strategy.

## 2

Focus of Analysis	What to Consider
Policy Environment: <ul style="list-style-type: none"> <li>• Regulations</li> <li>• Government/community support</li> </ul>	<ul style="list-style-type: none"> <li>• What regulations/policies facilitate or impede family planning services?</li> <li>• Is there support or opposition by community leaders (i.e. religious, cultural, traditional)?</li> </ul>
Services: <ul style="list-style-type: none"> <li>• Service strategies</li> <li>• Client profile</li> <li>• Service capacity</li> <li>• Quality of care</li> </ul>	<ul style="list-style-type: none"> <li>• What changes will be needed to add family planning services to current services?</li> <li>• Do clients need/want the new services?</li> <li>• Can services reach sufficient people to make a difference?</li> <li>• Are the current facilities adequate or is expansion required?</li> <li>• What measures are required to ensure high-quality services?</li> </ul>
Staff: <ul style="list-style-type: none"> <li>• Staff numbers and skills</li> <li>• Workload</li> <li>• Supervisory procedures and scope</li> </ul>	<ul style="list-style-type: none"> <li>• Can current staff participate in family planning service delivery?</li> <li>• Are staff willing to offer these services?</li> <li>• What effect will additional activities have on existing workload?</li> <li>• Will it be necessary to hire staff?</li> <li>• Can the supervision system be adapted for family planning services?</li> </ul>
Training: <ul style="list-style-type: none"> <li>• Training needs</li> <li>• Internal and external training opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• What training will be required?</li> <li>• Are training staff capable of conducting family planning training?</li> <li>• Is family planning training available from other organizations?</li> </ul>
Logistics: <ul style="list-style-type: none"> <li>• Management information recording and reporting</li> <li>• Capacity for procurement, distribution, and storage</li> </ul>	<ul style="list-style-type: none"> <li>• What new record-keeping will be required?</li> <li>• Will the new service require commodities?</li> <li>• What procurement arrangements are realistic?</li> </ul>
Sustainability <ul style="list-style-type: none"> <li>• Planning</li> <li>• Financing</li> <li>• Client demand</li> <li>• Management</li> </ul>	<ul style="list-style-type: none"> <li>• Is the organization well positioned to provide services in the community?</li> <li>• Can the NGO attract resources to cover the program costs?</li> <li>• Will clients seek services from the organization?</li> <li>• Are the financial and information management systems strong enough to support the program?</li> </ul>

*Please see Worksheet 2b for additional assistance in selecting your program strategy. Part I helps you to consider WHAT services are appropri-*



# 3: Measuring Program Results

Monitoring and evaluation are important management tools that can help your organization track the progress of activities, identify how performance differs from expectations and decide future program direction.

This step provides guidance for monitoring and evaluating two dimensions of the integrated program: (1) achievement of program objectives, and (2) acceptance of the integrated family planning program within the organization.

The following key points are covered in this Step:



- **Planning for Results**

Definition of the program objectives and the indicators or measures used to determine whether objectives have been reached.

- **Collecting Data**

Description of basic data requirements and means of collecting data for monitoring progress and evaluating program results.

- **Monitoring Progress**

How program managers can measure the pace of achievement during implementation and determine if corrective action is required.

- **Evaluating Achievements**

Assessment and decision making to determine the future course and direction of the program.

- **Monitoring Organizational Impact of Integration**

Identification of the effects of family planning integration on the organization's overall program and on its relationships with clients, community and donors.

Having defined the strategy for your NGO's family planning program, the next step is to define the specific outcomes or results that your family planning program will aim to achieve. The expected results of your family planning activities are called program objectives.

### Objectives:

Specific statements of the work that will be carried out. The objectives should specify *who* will do *how much* of *what* and *by when*.

### Indicators:

*Measures* that you will use to identify whether the intended changes are happening. As the name suggests, they indicate (provide evidence) that progress is being made toward achieving the objective.



### Defining Objective and Indicators

#### Objective:

The ABC Organization will increase the number of users of modern methods of family planning by 750 women by establishing a community-based system for the distribution of family planning information and contraceptives in 15 villages by the end of three years.

#### Indicators:

1. Number of CBD Agents active in the delivery of FP services
2. Percentage of new clients still using a method after 12 months (continuing users)
3. Percentage of counseling sessions in which all methods are described
4. Number of new FP users by method and year

*For assistance on organizing your objectives and indicators, see Worksheet 3a.*

When writing the program objectives, it is important to define who the program will serve. This will help in determining the strategies that should be used to reach the people you have targeted and will provide an



comparisons across different service delivery points or areas, and summarize a great deal of activity into one simple figure.

*Annex 5 lists indicators that are useful in monitoring and evaluating family planning programs.*

One common indicator for monitoring the results of family planning programs is called “Couple-Years of Protection” (CYP). A CYP is the estimated contraception protection provided by family planning based on the number of contraceptives distributed or sold to clients. CYP is calculated by multiplying the quantity of each method distributed by a conversion factor which gives an estimate of how long that method is effective. CYP is very easy to calculate and, although there continue to be differences of opinion over the conversion factors, it is widely used.

*The conversion factors presently in use are given in Annex 6.*



For program monitoring, it is best to choose a *few* relevant indicators that will tell you whether progress is being made toward objectives. You should also choose indicators for which data are available and that are easy for staff to understand and use for decision-making. Keep data collection and analysis to a minimum; otherwise, time spent on data collection can

indicators, particularly those selected to measure program results such as changes in acceptor rates, may need special studies for the collection of the necessary data. Such studies are carried out at the beginning of the program (to provide a baseline against which to measure change), and at the end to measure the full changes over the life of the program. One way to avoid the expense of special studies is to use the results of relevant studies that have been completed by others (i.e. a local MCH study or a demographic and health survey which reports interviews with your client population).

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## Collecting Data

All family planning programs require the collection of basic data to assist service providers and program managers in:



- ensuring that appropriate services are provided
- monitoring the number of clients being served
- tracking stocks and distribution of contraceptives
- tracking collection of money from the sale of contraceptives or user charges

Where family planning services are being added to health services, adapting the existing record-keeping systems at community and clinic levels may be sufficient. Where family planning services are offered by an NGO in isolation from any existing health services, new information systems will be needed.

Data collection should be limited to what is essential for effective program implementation and monitoring. Keep data collection simple! NGOs planning to integrate family planning services should seek advice and examples of data collection instruments and reporting systems from experienced local organizations offering family planning services.

Some common data collection instruments used in family planning programs are described in the following table.

Instrument	Purpose	Data to Include	Used By
Target population register (Potential Client Register)	<ul style="list-style-type: none"> <li>• Identification of eligible couples among target population</li> <li>• Monitor acceptor status to assist in targeting services</li> </ul>	<ul style="list-style-type: none"> <li>• Names/residence</li> <li>• Number of children</li> <li>• Contraceptive status</li> </ul>	CBD (either motivator or service-provider)
Client Record (either record card or register)  CBD Client Contact Card	<ul style="list-style-type: none"> <li>• Identify client characteristics</li> <li>• Monitor side effects</li> <li>• Monitor method changes</li> <li>• Monitor method effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>• Personal identification details</li> <li>• Fertility history</li> <li>• Contraceptive choices/results</li> <li>• Health problems</li> </ul>	Service provider at community or clinic level
Daily Activity Register  CBD Daily Log Sheet	<ul style="list-style-type: none"> <li>• Monitor provider workload</li> <li>• Monitor method mix</li> <li>• Track appropriateness of referrals</li> </ul>	<ul style="list-style-type: none"> <li>• Details of clients seen, categorized by "new", "continuing" and "referred"</li> <li>• Methods dispensed</li> <li>• Fees collected</li> </ul>	Clinic staff or CBD supervisors
Monthly/Quarterly Activity Summary	<ul style="list-style-type: none"> <li>• Monitor method mix</li> <li>• Monitor service utilization</li> <li>• Monitor increase in new clients</li> <li>• Verify fees collected</li> </ul>	<ul style="list-style-type: none"> <li>• Totals of new clients, continuing users and clients referred for the period from daily activity register</li> <li>• Beginning balance, commodities dispensed and used, and ending balance for each contraceptive</li> <li>• Total fees collected</li> </ul>	CBDs and Clinic Staff and their Supervisors (also monitored by program managers)
Client Referral Card	<ul style="list-style-type: none"> <li>• Promote client continuity</li> <li>• Inform proper follow-up</li> <li>• Verify incentive payments when these are made to referrers</li> </ul>	<ul style="list-style-type: none"> <li>• Client details</li> <li>• Person referring</li> <li>• Reason for referral</li> <li>• Result of referral</li> <li>• Further follow-up required</li> </ul>	CBD, first line referral unit and higher

## Key Questions

1. Does the SAAD objective meet the criteria for a good program objective?
2. What are the indicators that SAAD has chosen? Can you suggest any others?
3. What do you think IPPF means by performance targets?
4. What else can the records be used for, besides helping the CBDs to plan their work?

### Planning for Results and Data Collection

As part of their internal project planning and approval process, the IPPF affiliate drafted the following objectives, targets and indicators for the proposed CBD program:

**General Objective:** To extend FP services in three years to underserved rural communities in 25 villages through the establishment of a CBD network and associated mobile clinic referral support.

**Indicators & Targets:**

- a) Eighty dairy farmer/CBDs will provide family planning and ORS services and education to their communities.
- b) 3,360 new acceptors achieved through CBD services referrals.

Program objectives and targets were included in the curriculum for the CBD training program to help each CBD establish her own performance targets based on each village population and the number of other CBDs operating in the village.

The IPPF staff also identified the minimum routine records to be maintained by the program as follows:

**Individual client cards:** to record client details, family planning methods, and problems with the method.

**CBD Register:** to record client name, method, new or continuing user, number and dates of commodities issued, details of referrals, and fees collected.

**CBD Inventory Form:** to record details of commodities received and distributed, and daily stock balances.

**Mobile Clinic Register:** to record client details, method choice, referral information, method problems, method changes, amount issued.

**Mobile Clinic Inventory Form:** to record details of commodities received and distributed by the mobile clinic.

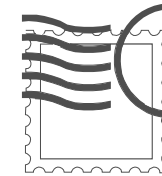
During their initial CBD training, the Dairy Farmers would be shown how to maintain their records and



progress toward your objectives. Results that fall below expectations may be a sign of implementation problems and deserve further analysis to identify problems. Careful follow-up and analysis will frequently assist you to develop problem solving strategies. Successful problem solving starts by working with staff members to clarify problems and identify solutions. Client interviews, observations of service delivery and reviews of management systems also help supervisors to identify the exact nature of problems and identify potential solutions.

# 3

## Experience From the Field



### National Council of Women's Societies (NCWS) Nigeria, Abia Market-Based FP Project.

The NCWS/Abia developed a network of mobile and static vendors to participate in a CBD program that has served 8,500 new clients, referred 1,000 for more effective methods and created awareness among 150,000 people. The project approach to monitoring and evaluation involved all staff. CBDs, supervisors, and project managers held monthly meetings to share successful experiences, to address issues and to identify program constraints. This approach established a forum where all staff were engaged in identifying new directions and strategies to improve performance.

Source: *Unpublished CEDPA reports.*

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## Evaluating Achievements

Evaluation is a formal review of achievements that compares actual results with the original goals and objectives of a program. The results of an evaluation help organizations to decide on the future structure and focus of program activities. The organization can then decide whether the program should continue in its current form, change its approach, be expanded, or be discontinued.

Evaluations are conducted at predefined intervals, typically midway and at program completion. An evaluation plan should be prepared during the program preparation phase when all aspects of program implemen-

conduct an evaluation, a set of questions relevant to the goals and objectives of the project is formulated; data from existing project records are collected and analyzed; and surveys of staff and clients are conducted to develop a better understanding of the service quality.

An evaluation should answer the following questions:

- How much has been achieved?
- Could more have been achieved?
- Were program resources used efficiently?

The following table gives an example of an evaluation plan for a CBD program. The plan describes the data requirements, data sources, and suggestions for analysis. When planning for your integrated program, prepare a similar evaluation plan to guide the assessment of program results.

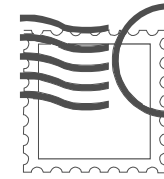
Evaluation Plan		
Data	Source	Analysis
Contraceptives distributed by type	CBD Monthly Activity Summary	CYP by method
New acceptors and drop-outs	CBD Monthly Activity Summary	CYP by CBD or village
Referrals by method	Referral and Follow-up Form	Referrals by CBD
Total Program costs	Project accounts	Cost per CYP (from contraceptives distributed)
Client attitudes toward services	Client interviews	Client Satisfaction
Provider performance	Observations/interviews	Quality of service

3

After preparing realistic objectives and targets and completing careful monitoring and evaluation, many organizations will find that the results differ from the planned achievements. The initial plan for measuring achievement is meant as a general guide. Since it is impossible to predict the exact course of events during a program, achievements will frequently differ from the original plan. This is particularly true during the first phase of implementation.

When your NGO has the results of the first evaluation, it is important to

## Experience From the Field



### NGO Services Project, CARE Bangladesh

The Project set up a monitoring plan to track achievements relative to the annual project work plan and to detect problems and issues of concern. Monitoring indicators included: couple-years of protection, population coverage in the project area, number of trained managers and providers and, provider access to contraceptives.

The evaluation plan emphasized results using baseline and post-project surveys of family planning indicators among the project population; observations and interviews of key staff and counterparts and analysis of project records. Key evaluation indicators included: gains in contraceptive prevalence, couple-years of protection, number of users served, quality of service delivery as measured by the established quality standards.

After one year of operation, the project reviewed the monitoring systems and identified the following problems: data collection was time-consuming and data were not always used, and the monthly monitoring cycle was too frequent, creating a burden for field managers. The review resulted in a revised and reduced set of monitoring tools, translation of monitoring instruments to local language and a change in the monitoring schedule to a quarterly cycle.

Source: *Unpublished CARE reports.*



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## Monitoring the Effects of Integration

For NGOs that integrate family planning into their ongoing activities, program monitoring and evaluation become more complex. The organization must measure the achievement of objectives and targets for both the original activities and the family planning component. In addition, the NGO should assess the impact of the integrated program within the organization and on the NGO's relationships with clients, community and donors. This section guides you in preparing for monitoring and evaluating the effects of integration on the organization.



organization may face in implementing a new family planning program. It is important to monitor internal and external factors since both can affect your success.

### Guide for Monitoring Organizational Impact

Item to Monitor	Some Predictable Obstacles
<b>Internal Factors:</b>  Management support  Staff acceptance  Program coordination	  Confusion over new role; divided commitment to new program  Complaints about workload; poor acceptance of new staff  Variations in pay for similar work; competition for organizational resources.
<b>External Factors:</b>  Relationship with other agencies  Client relations  Community relations  Donor relations	  Competition/poor coordination with other service providers  Clients unable to accept the organization's new role  Active opposition by religious groups, community leaders, or volunteers  Competing interests of donors

3

Whenever a new integrated program is planned, it is very useful to consider potential obstacles that may affect implementation results.

*Worksheet 3c will assist you to list potential obstacles and to consider ways to avoid their effects.*

### Guidelines for Effective Integration

These guidelines may assist your organization in avoiding the potential obstacles to successful integration:

- Highlight how the goals and objectives for integration complement the existing program.

programs.

- Coordinate program activities with other service organizations to reduce duplication and increase cooperation.
- Provide equal pay for jobs of equivalent responsibility.
- Provide staff with clear and written descriptions of their responsibilities.
- Maintain the existing supervision structure whenever possible.
- Establish mechanisms for communication between new and existing staff.

3

Case  
Study

## Integrating Family Planning into a Dairy Cooperative

Key  
Questions

1. Who was involved in the evaluation, what was their input, and what was their interest in the results?
2. Do you think that IPPF should have shared information about income among the CBDs?
3. If you were IPPF, would you change the program and, if so, how?

### Monitoring and Evaluating Results

Each month, on the day of the mobile clinic, each CBD would meet briefly with the Nurse Aide at the clinic to submit her monthly inventory/cash receipts form and to purchase the next month's stock of contraceptives. Where cash receipts exceeded the cost of the contraceptives to be purchased for the next month, the surplus amount was entered as a credit against the CBD's account to be drawn upon as necessary in the future.

At the end of the day, the Nurse Aide would compile all client and contraceptive statistics from the CBD forms submitted and update each CBD's individual performance record before passing these to the nurse/midwife for review.

Over a period of several months, the nurse/midwife noticed that three CBDs from one of the villages were serving much lower numbers of clients than the others. On the next clinic day, she made a particular point of asking them how their CBD work was going and if they were having any problems. After some careful questioning, the nurse/midwife realized that this group of CBDs were spending most of their time on resupplying existing clients and little time on talking with potential new clients. The nurse/midwife and the CBDs agreed that their time would be more effectively used if continuing clients were asked to collect their own supplies from the CBD's house, freeing up the CBD to visit other women in need of family planning services. The nurse/midwife made a note to herself to monitor their records

## Integrating Family Planning into a Dairy Cooperative

### Monitoring and Evaluating Results [continued]

Eighteen months after the start of the project, the nurse/midwife organized a meeting to review project achievement with the CBDs. In preparation for the meeting, she charted the progress of each CBD in achieving her targets. It was clear from this analysis that there were wide differences in the performance of CBDs and the reasons for these differences were discussed during the meeting. Wherever possible, strategies for overcoming obstacles were agreed. In other cases targets were amended to be more realistic.

In addition, the nurse/midwife also prepared a chart displaying the contraceptive revenues generated by the program. The CBDs were fascinated to see what their colleagues had been earning. The nurse/midwife reminded them that each village was very different and they discussed the various factors that influenced their success.

Village	Total Revenue From Sales	CBD Income		
		Commodity Mark-Up	Referral Fee	Total
Village 1	95.00	30.00	3.00	33.00
Village 2	195.00	65.00	15.00	80.00
Village 3	175.00	60.00	10.00	70.00
Village 4	160.00	50.00	9.00	59.00

At the end of the Project, the IPPF affiliate and SAAD reviewed overall achievements for the 3 years. They were considering whether the project should continue in its present form or whether a new strategy should be adopted. Based on the original project objectives and targets, they found that the contraceptive prevalence rate had risen to 55% in the 35 villages served by the CBDs, only 4 CBDs had to be replaced, and all the CBDs were interested in continuing their work. In addition, other village women had expressed interest in becoming CBDs, both from villages currently participating in the program, as well as from other villages in the area.

The additional income generated by the dairy farmers through their CBD work had also had an impact on the dairy project since the women were able to repay their loans more quickly and some had even saved enough to expand their herd.

Use of the mobile clinic had increased steadily over the life of the Project to an extent where it was becoming difficult for the nurse/midwife to cope with the workload. Many women and children were attending the clinic without any referral from a CBD, but simply because the service was both reliable and easily accessible.





# 4 • Developing Staff

An effective family planning program requires sufficient numbers of staff who are committed to the program and who have been trained for the tasks they are expected to perform. The process by which managers determine the kinds and the numbers of workers that are needed, obtain and place them in defined jobs, and train them, is the work of 'staffing.'

The following key points are covered in this Step:

- **Estimating Staff Requirements**

Based on the strategy you selected, you must now examine your needs for staff by defining the new family planning activities to be carried out and by determining who will complete them.

- **Supervising and Managing Staff**

A supervisory structure must be designed to support your staff and to provide guidance on their new responsibilities.

- **Determining Training Needs**

Proper training is crucial to delivering high-quality family planning services. This section provides information on how to determine your NGO's staff training needs and to identify resources that will help you provide this training.



Staff may include both paid and volunteer workers, depending upon the nature of your program and on local circumstances. Volunteer workers, while not paid a regular salary, are usually compensated for their efforts by being given equipment for their work (e.g., uniforms, bags, boots, bicycles) or by being allowed to keep part of the money they collect if they are selling contraceptives.

Based on the strategy and objectives you have selected for your family planning program, you must now:

- Define the specific activities that are required to implement the program;
- Decide who will carry out these activities;

# 4

### Defining Activities and Assigning Responsibilities

An NGO set up a community-based distribution system in several villages, with community-based distributors (CBDs) providing information and counseling to couples about family planning, supplying condoms, pills, and vaginal foaming tablets, and referring potential clients to a local clinic for other methods.

To implement the strategy, CBDs need to:

- Identify current family planning users/non-users;
- Make initial visits to all non-users to determine family planning interest and provide information and counseling on methods;
- Make follow-up visits to continuing non-users;
- Refer women to clinics for first-time methods (other than condoms and foaming tablets) and for IUDs and injectables;
- Refer men and women to appropriate locations for sterilization or implants;
- Teach clients how to use contraceptive methods;
- Resupply pill users on a regular basis;
- Follow-up IUD and injectable users for referral to clinics at appropriate time;
- Maintain client, stock, and cash records; and
- Meet each month with supervisor to submit records and obtain supplies.

Clinic-based services would continue to be provided by local clinic staff. To supervise the CBDs, a nurse from the local clinic needs to:

- Meet with each CBD monthly (at the clinic or in the community);
- Compile summaries of clients, contraceptives issued, and cash received; and
- Resupply CBDs with contraceptives.

according to the type of staff;

- Estimate the number of activities to be carried out (perhaps over a one-year period); and
- Estimate the total number of staff required by job title.

### Estimating the Number of Staff Required

The NGO estimates that each village has approximately 250 women of reproductive age who are not currently using a contraceptive method. The program objective is to increase the number of women using a modern method by 125 per village. It is also estimated that of the planned 125 new users, 45% will accept the pill, 10% the condom, and the balance of 45% will be referred to a local clinic for other methods.

The calculation for the number of CBDs required for the 3 years of the program was done as follows:

The workload in each village was estimated as:

250 initial visits to potential clients x 1.5 hours (including travel)	375 hours
125 follow-up visits to continuing non-users x 1.5 hours (including travel)	188 hours
70 users to resupply each month x 0.4 hours/visit (including travel) x 36 months	1008 hours
Record-keeping x 1 hour per week x 52 weeks/year x 3 years	156 hours
Meeting with supervisor x 2 hours/month x 36 months	72 hours

Total time required per village: 1799 hours

The time that each CBD would be able to work on family planning is estimated as 15 hours/week x 52 weeks/year x 3 years = 2340 hours.

Therefore, it is estimated that one CBD per village will be sufficient.

It is also estimated that the additional work that will arise from clients referred to the clinic by the CBDs can be covered by the existing clinic staff.

As in the example above, it is important to decide whether existing staff could perform the new activities before the decision is made to hire new staff. Use of existing staff not only reduces the costs of the program, but also helps to promote true integration of family planning within your NGO's original activities.

When determining staffing needs, it is important to think beyond the start of the program. Some staff who are appointed at the start of the program will leave. Others may not be able or willing to perform their duties and may need to be replaced. Therefore, recruitment and

*document the activities needed to implement the family planning program, to determine which staff should perform these tasks, and to decide the numbers of staff that will be required.*

---

## **Supervising and Managing Staff**

Having determined your basic staff needs, the next step is to address how management structure and procedures for family planning activities might differ from your existing management arrangements for your other programs.

It is important to keep the supervisory structure as simple as possible and to avoid having one staff member supervised by multiple, “specialist” managers. In programs where family planning activities are being added to staff duties, the existing supervisor’s role should be expanded to cover the family planning component. This will help reduce conflict over staff working on different programs.

If you decide to appoint supervisors specifically for the family planning program, special efforts need to be made to ensure that other managers still take ownership of the family planning activities and do not treat these as “someone else’s problem.”

Management procedures for the family planning component need to be established before starting the program. These procedures should cover all aspects of the program, including:

- procurement of supplies,
- storage and distribution of commodities and supplies,
- record-keeping and reporting on activities, and
- accounting and financial reporting.

Existing management procedures need to be carefully reviewed to determine what changes will be necessary for the introduction of family planning activities. These reviews should involve the managers and staff who are responsible for implementing the management systems, and any recommended changes to the systems should be agreed upon by the whole management team and documented.





to understand how their jobs have changed. Your organization can also clarify staff responsibilities by preparing written job descriptions. Job descriptions should also be developed for all new positions created for the family planning program.

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## Determining Training Needs

### Why is Training Important?

Proper training is crucial to the delivery of high-quality family planning services and to the success of your program. Training orients the staff to the new program, helps them to overcome any anxieties about their new responsibilities, gives them the opportunity to contribute to the program strategy, and provides them with the knowledge and skills to perform their duties.

### Who Needs to be Trained?

In an integrated family planning program, you need to carefully determine the knowledge and skills that will be needed by staff involved in program implementation. For existing staff, these requirements should be compared with what these staff already know and are able to do, in order to identify the gaps for which training will be required. If new staff must be recruited, you may wish to consider hiring people who are already trained and experienced in family planning.

There is a series of steps that need to be taken to determine the training needs for a particular job:

- List all the tasks the job holder will have to perform.
- Identify the knowledge that the job holder will need to perform each task.
- Identify the skills that the job holder will need to perform each task well.
- Compare the knowledge and skills required to perform each task with the present knowledge and skills of the job holders to identify gaps for which training should be provided.



staff involved in a family planning program is given in the following box.

4

Defining Knowledge and Skills			
Staff Category	Activity	Required Knowledge	Required Skill
Community-based distributor (CBD)	Provide information about family planning	<ul style="list-style-type: none"> <li>• Benefits of family planning</li> <li>• Methods of family planning</li> <li>• How methods work</li> <li>• Where methods are available</li> </ul>	<ul style="list-style-type: none"> <li>• Communication skills</li> <li>• Method counseling</li> <li>• Identification of non-family planning users</li> <li>• Use of relevant IEC materials</li> </ul>
	Resupply pills	<ul style="list-style-type: none"> <li>• Proper use of pills</li> <li>• What to do if user forgets to take pills</li> <li>• Possible side effects</li> <li>• Signs of user problems</li> <li>• Referral procedure</li> </ul>	<ul style="list-style-type: none"> <li>• Use of client records</li> <li>• Recording of pill problems</li> <li>• Use of referral info</li> </ul>
Supervisor of CBDs	Help CBD to provide high-quality services to clients	<ul style="list-style-type: none"> <li>• Responsibilities of CBD</li> <li>• Family planning methods, use, and problems</li> <li>• Common work problems faced by CBDs</li> </ul>	<ul style="list-style-type: none"> <li>• Interpersonal skills</li> <li>• Coaching (on-the-job training) skills</li> <li>• Problem-solving skills</li> </ul>
	Monthly reconciliations of cash from sales, contraceptive stocks, and client records	<ul style="list-style-type: none"> <li>• Content of distribution records</li> <li>• Proper recording procedures</li> <li>• Cash handling procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Adding and cross-referencing</li> </ul>

*Worksheet 4b will help you define your training needs.*

In addition to determining the specific training needs of staff who will be involved in the family planning program, all your staff should be helped to understand and encouraged to support your NGO's family planning efforts. To do this, it is important that all staff are given an orientation to family planning and to the objectives and rationale for the new program. They should also be given the opportunity to contribute their ideas to the program strategy. All staff should also be given clear information on who

There are a number of ways to make training cost-effective. The first is to use existing training courses available from other NGOs in the area that already have family planning experience.

It is not advisable for an NGO starting a new family planning program to try to design or conduct its own training for staff, because effective trainers should have in-depth knowledge of and experience in what they are teaching. It would be much better to use local training expertise in family planning. The inexperienced NGO should identify experienced family planning trainers to conduct staff training.

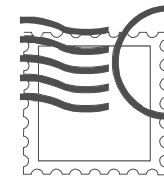
Training programs covering a wide range of both clinical and non-clinical family planning techniques have been established in almost every country in the world in a variety of languages. Once your NGO has clearly defined the objectives and activities of its family planning program and has decided who will be responsible for carrying out the activities, you should be able to find help from experienced family planning trainers to assess the appropriateness of already-developed training programs and materials and make any necessary adaptations to meet your needs.

Possible sources of family planning training expertise include:

- the Ministry of Health,
- the local IPPF affiliate, and
- other international or national NGOs providing family planning services.



## **Experience From the Field**



### **Population and Family Planning Expansion Project, CARE, Bangladesh**

This project determined that 998 community-based distributors would be needed to increase contraceptive prevalence among the target population by 2% per year, the stated objective. Each distributor would serve approximately 400 couples, visiting each couple once every 2 to 3 months. The training needs-assessment showed that distributors would need training for IEC activities, household distribution of pills and condoms, and referral for long-term methods and method-related problems. A local non-governmental training organization was selected by the Family Planning NGO committee to train field workers. The training organization agreed to train all community-based distributors in four years at a cost of \$32 per day for the 17-day course, exclusive

designed to build upon their experience and expertise in working with the community. Trainers may have expertise in family planning, but to be effective, the training should help the trainees to participate in exploring how they can apply their new knowledge and skills in their own work settings. Since the purpose of training is to help staff to perform well, it is also important that the training provides opportunities for staff to practice their new skills and knowledge in exercises, practical tasks, and problem-solving situations.

4



## Key Questions

1. What are the staffing needs that IPPF has identified for the dairy farmer family planning programme?
2. Why do you think IPPF included all these areas in the proposed CBD training programme?
3. What is their training strategy trying to achieve?

## Identifying Staffing Needs

In preparing the project documentation, the IPPF affiliate determined the following staffing needs for the program and has confirmed that these needs can be met, over the next three years, from their existing staff:

- One nurse/midwife (from their own clinic staff) for the mobile clinic two days per month.
- One nurse aide for the mobile clinic (for CBD records/resupply) for two days per month.
- IPPF staff to train 80 CBDs.

The IPPF affiliate's training staff decided that the CBD training would need to cover:

- The health, social, and economic benefits of family planning;
- All family planning methods available in the country, including how they work and their effectiveness, advantages, disadvantages and indications for use;
- How to identify priority clients and work planning;
- IEC skills and techniques;
- Counseling skills for method selection and referral;
- Common sexually-transmitted diseases and what should be done if they are suspected;
- Home treatment of diarrhea;
- The importance of immunization, antenatal care, and breast-feeding;
- Record-keeping; and
- Storage of commodities.

The trainers would be from the IPPF affiliate. The overall training strategy would be as follows:

- 1) To orient all of SAAD's staff to the family planning program to ensure their understanding and support for the dairy farmers' CBD efforts.
- 2) To train the nurse/midwife and the nurse aide in their new responsibilities for the mobile clinic and for supervising and supporting the dairy farmer CBDs.
- 3) To provide initial training for the CBDs in four groups of 20 each.
- 4) To provide refresher training for the CBDs six months after their initial training. This would provide an opportunity for the CBDs to raise issues and seek solutions for any problems in their work.





## 5 • Developing a Contraceptive Supply System

This Step covers the key aspects of the contraceptive supply system that you will need to consider when starting a family planning program for the first time.

The following key points are covered in this Step:

- **Forecasting Contraceptive Needs**

How to project the number of each type of contraceptive you will need to procure in order to supply your clients with the method of their choice.

- **Maintaining Adequate Supplies of Contraceptives**

How to ensure that you have sufficient contraceptives in stock.

- **Identifying Contraceptive Suppliers**

How to select the best supplier of contraceptive supplies for your organization.

- **Storing and Distributing Contraceptives**

How to care for your contraceptive stores and manage contraceptive distribution.

- **Record Keeping for Contraceptive Supplies**

Introduction to the basic records needed to support the contraceptive supply system.

As with any program that involves the distribution of goods to clients, an effective family planning program requires a supply system that ensures that contraceptives of the right quantity and quality are sent to the right places, at the right time, for the right cost.

However, a contraceptive supply system differs from other systems because of the following characteristics:

- Failures in the system may have serious effects on the lives of clients. A lack of contraceptive supplies or poor quality products can cause a client to stop using the family planning system; it may also cause an unwanted pregnancy or result in a pregnancy-related maternal death.
- Different methods of contraception have different durations of effectiveness and different use patterns that complicate ordering supplies.
- Storage of contraceptives requires special attention to prevent deterioration.
- Disease patterns within a country make some methods more appropriate than others.

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## Forecasting Contraceptive Needs

The *types* of contraceptives offered by your program will depend on:

- the contraceptive methods permitted and available within the country;
- the particular program strategy you have selected for implementation;
- the skills of, and training available for, service providers; and
- the number of potential clients to be served by your program. (It may be impractical to offer methods which only a very small number of clients are likely to request).

Once you have chosen the contraceptive methods that your program will offer to clients, you need to estimate the *number* of clients who will use each method in a given time period (usually one year). This is called forecasting consumption.



An NGO implementing a family planning program for the first time should forecast the number of contraceptives that will be required by following the steps below:

- (1) Estimate the total number of potential clients in the area of your program.
- (2) Estimate the number of people that your program will serve.
- (3) Using available information from other family planning programs in the country, estimate how many of the clients you estimated in (2) above will use each of the contraceptive methods that the program will provide.
- (4) Calculate the total number of each type of contraceptive to be dispersed to users by multiplying the number of clients for each method (from (3) above) by the quantity of contraceptives needed to provide protection for the chosen period (e.g. one year).

There are established guidelines for determining how many contraceptives will be required by each client for one year's protection.

*The formulae are given in Annex 8.*

5



Established programs rely upon historical data to estimate future needs. New programs can review national data or learn from the experiences of similar programs to assist them to estimate demand for contraceptive methods and to calculate quantities of contraceptives needed. Two concepts commonly mentioned when family planning program managers discuss forecasting are contraceptive prevalence rate and contraceptive method mix. If you understand these concepts it will be easier to discuss your program with others.

**Contraceptive Prevalence Rate (CPR):** The percentage of all women of reproductive age, WRA (women between 15 and 49), who are using a method of contraception. Typically this refers to modern methods. Traditional methods may be calculated as a separate item.

The example given below uses SAAD case data (*see Step 2*) to calculate the CPR.

SAAD Case Study		
Total population of area to be served, 42,000 (men, women, and children).		
1,990 WRA currently using a FP method		
10,500 WRA (approximately 25% of the total population)	=	18.9% CPR

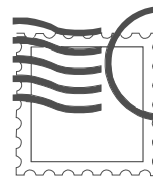
**Method Mix:** A summary showing the proportion of all current users or, in the case of a new program, projected users, of each contraceptive method.

The SAAD/IPPF managers prepared a method mix projection (*see Case Study, Step 5*) to assist them to calculate the supply requirements for their population.

SAAD Case Study		
Method	Percentage	Number of WRA
Pills	45%	1512
Condoms	10%	336
IUDs	10%	336
Depo-Provera	20%	672
Implants	0.5%	17
Tubal Ligation	10%	336
Vasectomy	4.5%	151
<b>Total</b>	<b>100%</b>	<b>3360 New Acceptors for 3 years</b>

Method mix will be different from program to program depending upon the program goals, client preferences, and planned services. Two examples of method mix projections are given below.

## Experience From the Field



### Method Mix Projections for Projects in Bangladesh and Uganda

#### Bangladesh

In this project, method mix is expected to parallel national experience. Pills and female sterilization dominate at 35% each, followed by barrier methods (13%), IUD (7%), vasectomy (6%), and injectables (4%). To achieve this method mix, the program will provide pills and barrier methods and referrals to public and private sector clinics for long-term methods; the project will also increase access to IUDs and injectables in public sector facilities.

#### Uganda

The project will promote a contraceptive method mix consistent with client demand and technical capacity in this rural region. Long-term methods which require skilled physicians and nurses will account for 14% of the users by the end of the project. Orals pills will decline over time to 39% in favor of the longer-acting methods. Injections will remain stable at 45% of the new users. Barrier methods will account for the remaining 2%.

Source: *Unpublished CARE reports.*

5



## Calculating Supply Requirements

Program Information:	Taken from SAAD Case Study
Total Population to be served by the Project:	42,000
Women of Reproductive Age (WRA):	10,500
Projected number of new clients:	3,360
Method Mix Assumptions:	Pills 45%, Condoms 10%, IUD 10%, Depo-Provera 20%, Vasectomy 4.5%, Tubal Ligation 10%, Implants 0.5%

Step 1	Step 2	Step 3	Step 4
Calculate the number of new clients per year of the program for each method mentioned above  <b>Total New Clients:</b> Year 1: 1001 Year 2: 1348 Year 3: 1010	For each year of the project, calculate the quantity of each contraceptive method needed to supply <b>New Clients</b> .	For each year of the project, calculate the quantity of each contraceptive method needed to supply <b>Continuing Users</b> .	For each year of the project, calculate the quantity of each contraceptive method needed to supply both <b>New Clients and Continuing Users</b> .
<b>New Clients:</b> <b>Oral Contraceptives</b>  % of total Year 1: 454    30 % Year 2: 604    40 % Year 3: 454    30 %  Total New Clients: 1512	<b>New Clients</b> <b>Pill Packets (6.5/year)</b>  2,951 3,926 2,951	<b>Continuing Users</b> <b>Pill Packets (13/year)</b>  5,902 13,754	<b>Total Supply</b> <b>(New + Continuers)</b>  2,951 9,828 16,705  Total Supply: 29,484

*Use Worksheet 5a to practice calculating contraceptive supply requirements for your proposed program.*

*The formulae for forecasting contraceptive supply needs are in Annex 8.*

## Maintaining Adequate Supplies of Contraceptives

Many family planning programs use a "periodic review system" based on minimum and maximum stock levels, to determine needs for resupply. This means that at the end of every review period--usually one or three months--an inventory of supplies is taken to determine the types and quantities of contraceptives to reorder.

The *minimum stock level* is the level below which stocks should never drop without an order being placed.

A minimum stock level is equal to:

the quantity of stock that will be used in the  
time between placing and receiving an order  
+  
the “safety” stock kept for emergencies

(The safety stock is normally estimated as the amount of stock used during at least one review period.)

The *maximum stock level* guards against oversupply that may cause wastage from product expiration or for which space in the store will be inadequate. The maximum stock level is equal to:

the minimum stock  
+  
the amount of stock normally used in one review period

5

Stock records are most useful when you use the information to calculate, in terms of the number of months of supply in stock, as shown in the following example.

Calculating Months of Contraceptive Supplies				
Average monthly quantity dispensed to clients	=	Total quantity dispensed over the last 6 months divided by 6	=	360 cycles of oral contraceptives divided by 6 = 60 cycles/month
Number of months of supply on hand	=	Balance on hand divided by average monthly quantity dispensed to clients	=	720 divided by 60 = 12 months' supply

Minimum and maximum stock levels therefore depend on the following factors:

- The average monthly consumption of contraceptives,
- The review period,
- The time between ordering and delivery,
- The level of safety stock selected, and
- The capacity of transport for deliveries.

Minimum and maximum stock levels are usually set at the national level by the national FP Program. Check with your collaborators within the Ministry of Health or other institution to help to determine stock levels appropriate to your activity.

Maximum stock levels also may be affected by the size of the storage facilities available: the smaller the storage capacity, the more frequent the need may be for redelivery. As a rough guide, however, the minimum-maximum stock levels in a typical program might be as follows:

Minimum and Maximum Stock Levels		
Type of Facility	Minimum Number of Months' Supply	Maximum Number of Months' Supply
Central warehouse	2-6 months	6-12 months
Intermediate warehouse	2-3 months	4- 6 months
Service delivery point	1-2 months	3- 5 months

Once a source of contraceptives has been identified (see next section), your NGO should consult with the supplier on the selection of appropriate maximum and minimum stock levels.

If you are not familiar with the patterns of contraceptive method use in your community, order sufficient stocks for a short time period, perhaps one or two ordering cycles, and reorder after analyzing consumption patterns.

---

## Identifying Contraceptive Suppliers

If your NGO implements a family planning program to serve a small part of your country's family planning needs, you should not need to purchase contraceptives directly from manufacturers. Rather, your NGO should buy contraceptives from a local agency, thus avoiding the complications of international tendering, import regulations and quality assurance tests.

Local sources of contraceptives, often at subsidized cost, are likely to include:

- Ministry of Health, Ministry of Population, or other government/parastatal agency;
- Local IPPF affiliate;
- Other national or international NGOs (including church-affiliated health and family planning organizations);
- Local contraceptive manufacturers; and
- Contraceptive social marketing programs.

In selecting a local contraceptive supplier, your NGO should consider the following:

- Is the supplier reliable?
- What are others' experiences regarding lead time (the average time between placing an order and its delivery)?
- Has the supplier met your needs regarding packing, labeling and quantities?
- What is the supplier's policy on product expiry? (Does the supplier deliver products that are nearing or past their expiration date?)
- Does the product meet quality standards? Your collaborating partners should be able to assist you to select products that meet quality standards.
- How much does this source charge compared to other sources of contraceptive supplies?

Once a potential source of contraceptives is identified, your NGO must contact the supplier to ensure that contraceptives can be made available. This should be done well before your program starts, as the supplier will need to have enough stock to meet your needs. Your NGO has a responsibility to provide the supplier with a forecast of requirements and to update it regularly.

---

## Storing and Distributing Contraceptives

Your NGO may already have storage facilities at both central and local levels for holding goods used in your existing programs. Your NGO may also have a system for distributing goods between a central-level store and local facilities. In this case, the existing storage and distribution facilities and procedures need to be evaluated to determine their adequacy for handling contraceptives and other commodities required for the family planning program.

### Storage

The volume of storage capacity required will depend upon the frequency of resupply both to the system and within the different levels of the system (see “Maintaining Adequate Supplies of Contraceptives” previously).

#### Determining Contraceptive Storage Space

To determine the contraceptive storage space required at each level, you must complete a series of calculations. For each type of contraceptive to be provided through your program, complete the following calculation, finally adding the total square meters obtained for each method together to obtain total storage space for all contraceptives:

1. Determine the quantity for the maximum stock level.
2. Add 10% for loss or damage.
3. Ask the supplier to tell you the number of cartons/boxes the total quantity represents.
4. Determine the cubic meter space required for each carton/box. This information can be obtained from the selected supplier.
5. Calculate the square meter space required by dividing the total cubic meter space by 2.5 meters as the maximum stacking height to avoid damage.
6. Multiply the total square meters by 2 to give adequate handling space.

In addition to assessing whether your NGO's current storage capacity is adequate to accommodate the contraceptives for your new family planning program, you must also make sure that the conditions in your storage facilities will not cause the contraceptives to deteriorate. Manufacturers test products to determine how long contraceptives, except condoms, will be effective after manufacture, and each product should be stamped with an expiration date. Condoms should only have a manufacturing date. The expiration date assumes that the product will be stored in adequate conditions before use.



Good storage conditions include:

- *Adequate ventilation:* This will prevent spoilage due to excessive heat.
- *Sufficient lighting to enable easy identification of products and their expiration dates:* Direct exposure to sunlight or fluorescent light can reduce the period for which contraceptives are effective, especially condoms or other latex products.
- *Dry floors and walls:* Water destroys contraceptive supplies and their packaging.
- *Freedom from pests:* Rodents and insects can eat oral contraceptives and cartons.
- *Freedom from contamination:* Insecticides and other chemicals should be stored in a separate place so that they cannot contaminate the contraceptives.
- *Adequate working space:* This enables proper management of the stored supplies.

**Contraceptives at or past their expiration date  
should NEVER be issued to clients.**

**Contraceptives that are noticeably damaged  
should NEVER be issued to clients.**

An easy way to ensure that contraceptives given to clients are within their expiration date is to use the “first to expire, first out” (FEFO) method. According to this approach, contraceptives with the earliest expiration date should be distributed first, while those with later dates should not be distributed until all earlier-dated supplies have been used. For this system, all cartons should be clearly marked with their expiration date and should be stacked in chronological order by expiration date. If there is no expiration date, as in the case of condoms, use the manufacturing date (FMFO).

## Distribution

As you review the suitability of using your existing supply distribution system for contraceptives, give special attention to the following aspects of the distribution arrangements: reliability, frequency, security, capacity, protection from climatic conditions, and cost.

You should also review alternative ways to distribute contraceptive supplies before your organization makes a decision to use the existing system. Other distribution options may include: (a) NGOs that provide services in your geographic area; (b) government distribution, and (c) public transportation. Each of these options should be assessed by asking the following questions.

- Does the distribution route serve your area?
- How often can delivery be made?
- Is the capacity of the vehicle (truck, car, bus, other) sufficient to carry your supplies?
- Is the service reliable?
- Is the service secure from theft?
- Can the commodities be protected from sun, wind and rain?
- What is the cost of distribution, i.e. delivery charges, fuel, personnel?



It may also be possible to arrange for your service providers to purchase contraceptives and other commodities such as oral rehydration salts from social marketing programs in the community you serve; thereby eliminating the need to transport commodities.

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## Record Keeping for Contraceptive Supplies

To facilitate management of the contraceptive supply system, some basic data should be collected and analyzed routinely. These data include:

- stock on hand at each facility, by method and brand name;
- quantities dispensed from each facility, by method/brand name; and
- future plans and forecasts, by method/brand name.

Basic record-keeping mechanisms should include:

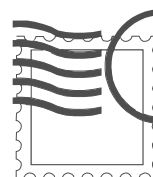
**Inventory control cards** maintained at all storage facilities and containing details regarding receipts, distribution, and current stocks.

**Daily activity register** maintained by each service delivery point (or by each community-based distributor). A daily log of the number of client visits and quantities of contraceptives dispensed by type (with monthly summaries) is recorded in this register.

*See Annex 7.*

**Requisition form** submitted by each clinic and sometimes by the community-based distributor as well. References the activity register data and requests resupply quantities of contraceptives by method and brand name.

### Experience From the Field



#### Population and Family Planning Expansion Project, CARE, Bangladesh

This project procures its contraceptive supplies through the Family Planning Association of Bangladesh (FPAB), which obtains contraceptives from the government on behalf of the NGO sector. Since insufficient stock is occasionally a problem, funds have been set aside to purchase additional contraceptives in the event of a break in supply. The project also has established linkages with commercial suppliers as a back-up in case of supply failures. All NGOs use standard record-keeping and reporting formats, which have been approved by the government and the NGO coordinating committee. Distribution to community-based distributors is managed by adding contraceptive stocks to existing supply routes for other commodities.

Source: *Unpublished CARE reports.*

## Case Study

# Integrating Family Planning into a Dairy Cooperative

### Key Questions

1. What specific information did IPPF require in order to calculate the contraceptive supply needs?
2. If, at the end of year one, depo-provera acceptance is 30%, what quantity of depo would be needed in year 2 of the project?
3. Do you think the approach selected to finance the purchase of contraceptive resupplies will be effective? Why?

## Defining the Contraceptive Supply System

Based on their own clinic records on method mix and on the objectives established for the CBD program, the IPPF affiliate calculated that the following contraceptives would be required for the three year project. This forecast will be updated each year as the program is implemented. To ensure sufficient contraceptive supplies at the clinics, these projections will be shared with the IPPF mobile and static clinic staff to whom the CBDs will refer clients for IUDs, Depo-Provera, implants and sterilizations.

Method	New Acceptors Year 1	Total Stocks Required	New Acceptors Year 2	Total Stocks Required	New Acceptors Year 3	Total Stocks Required
Pills (45%) - Cycles	454	2,951	604	9,828	454	16,705
Condoms (10%)	100	5,000	136	16,800	100	28,600
IUDs (10%)	100	100	136	176	100	195
Depo-Provera (20%)	202	404	268	1,344	202	2,284
Implants (0.5%)	0	0	8	8	9	12
T. L.s (10%)	100	Referred	136	Referred	100	Referred
Vasectomy (4.5%)	45	Referred	60	Referred	45	Referred
ORS Packets		30,000		30,000		30,000

Note: Stock requirements for pills, condoms and injectable contraceptives in years 2 & 3 are based on the cumulative number of users since year one and, in the absence of any data, assume 100% continuation rates. These projections will be reviewed at the end of the first year of operation and adjustments made based on experience during the first year.

The IPPF affiliate procures its contraceptives from IPPF International and sells these to clients at a subsidized rate. The local affiliate supplied each new CBD with 3 months' stock of pills and condoms free of charge, after which the CBDs had to pay for resupplies, financing their purchases with the proceeds of their sales. The CBDs were expected to charge their clients the basic cost of the contraceptives plus a set mark up which they could keep as profit.

Each CBD was supplied from the mobile clinic. To obtain supplies, the CBD had to submit her inventory form and client register so that her information could be tallied.

*For further information on estimating contraceptive needs, please see Annex 8.*

*A format to help you in assessing requirements for your contraceptive supply system is given in Worksheet 5b.*



## 6 • Managing Finances for an Integrated Program

Good financial management ensures that adequate resources are available to carry out planned activities and that these resources are used effectively to achieve the program objectives.

As manager of an NGO, you are already managing the finances of your programs. Therefore, this section focuses on those elements of the financial management process that are specific to integrating family planning activities with existing programs.

The following key points are covered in this Step:

- **Preparing a Budget**

You should prepare a budget that details the types and amounts of resources required to implement your program.

- **Managing Income from Services**

You must document income at every level cash is collected.

- **Comparing Results with Budget Projections**

You need to divide the costs shared between the family planning program and other activities.

- **Assessing Cost-Effectiveness**

You can use measurable indicators to determine the cost effectiveness of your family planning program.

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## Preparing a Budget

A budget is a financial plan that details the types and amounts of resources required to implement your program. A budget helps managers to plan each activity in detail. It also:

- provides potential funders with information on resources needed to meet the objectives;
- provides a baseline against which actual program spending can be monitored; and
- helps guide spending decisions during program implementation.

If family planning is being added to an existing program, three questions will need to be considered.

### 1. Is your program to be funded by a donor?

If your new program is supported by a donor, it is important to know the limitations or conditions that may be attached to this support.

Each donor has its own regulations on what it is allowed to fund and the maximum amount it may fund under a particular category. Each donor may have its own requirements for how a budget is presented, relating to such areas as the categories of expenditure, the currency to be used, and whether the budget should reflect future cost increases due to inflation. You should also determine whether the donor will continue to meet ongoing costs beyond the project period.

Since your budget is an estimate of project costs, donors usually allow some flexibility in how the money is actually spent, as long as the total amount of the grant is not exceeded. However, it is important to clarify with any donor how firmly you will need to hold to the budget limits on each type of expenditure.

### 2. Is the way you chart income and expenses adequate to record and analyze the family planning program activities?

Your “chart of accounts” (the headings your NGO uses to categorize its income and expenses) should have a separate line item for each type of

income or expense that needs to be tracked separately for donors and for internal management decision-making. Categories and line items used in budgets and in the financial reports required by donors or internal management should match the categories and line items in the chart of accounts.

Adding family planning to your program portfolio may require your NGO's chart of accounts to be expanded to include such items as:

<b>Assets</b>	<b>Expenses</b>
Contraceptive inventory	Supplies/equipment
Clinic equipment	CBD training
	CBD supervisors' training
<b>Income (Revenue)</b>	IEC materials
New donors for the program	Expendable clinic supplies
Contraceptive sales	Contraceptive procurement
Clinic fees	

### 3. How can your NGO separate costs that are shared by different programs?

When family planning services are integrated with other activities, it may be difficult to separate family planning costs from the costs of other programs, particularly when these programs relate to health or other social services. For example, the same service providers may be involved, the same supplies may be used in the different programs at the same service delivery site, and the costs of supervision may cover all the programs delivered.

In preparing an integrated family program budget, you need to decide which shared costs should be separated and how to calculate the distribution of each shared cost across the relevant programs, both for budget preparation and for recording of actual expenses during implementation.

## Separating Shared Costs

An NGO employs agricultural extension workers who provide information about family planning and distribute contraceptives to rural farmers along with seeds and advice on farming methods. This NGO wishes to assess the total cost of providing family planning services in the field.

The NGO determines that there are two categories of costs that are shared between the farming and the family planning programs: salaries and other employment costs of the extension workers and the travel costs for the extension workers as they carry out their outreach activities. For each category of costs, the NGO decides on the following means of apportionment:

Salary & other employment costs:	The percentage of total working time that extension workers spend on family planning activities.
Travel costs (vehicle fuel and maintenance):	The percentage of total mileage associated with the delivery of family planning activities.

Overhead costs (those costs relating to general administration, general office costs, utility costs, etc.) can be apportioned across the various programs using the same approach. The basis for distributing such costs can be as simple as the proportions of total direct expenditures which are attributable to each individual program. However, many donors set a limit on the percentage of direct costs that may be charged for overhead.

In certain circumstances, your NGO may determine that the effort to separate the shared costs of an integrated program outweighs the benefits. In this case, you may decide to charge to the family planning program those costs that clearly belong to that program (such as contraceptive supplies). However, before doing this, you should confirm with your donors that this practice is acceptable. You should also ensure that all financial reports clearly indicate that they do not reflect total costs of the program.

*Worksheet 6 can assist you in determining separation of shared program costs.*





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## Managing Income from Services

Your NGO's family planning program may involve the collection of money from the sale of contraceptives or from client payment for services. Understanding the principles of managing cash is particularly important for programs that collect revenues to cover some or all costs of the program.

The most important principle is to document expenses well at every level at which cash is collected or transmitted. For example, typical community-based distribution programs that sell contraceptives to users might organize the paper trail as follows:

Revenue	Record-Keeping
Program 1	Program 2
1. The CBD records each contraceptive sale on a numbered, duplicate receipt. The receipt goes to the client and the duplicate is retained by the CBD as a record of the sale.	1. The CBD records each contraceptive sale in a monthly stock control/sales register.
2. Each month, the supervisor collects the cash and receipts from the CBD. The money collected by the supervisor does not include the fixed percentage of sales kept by the agent as a commission.	2. Each month, the supervisor collects the cash from the CBD and checks that the amount given matches the amounts of contraceptives recorded as sold.
3. The supervisor also checks the stocks of contraceptives and the stock of unused receipts to ensure that contraceptives have not been sold without being recorded.	3. The supervisor also checks the stocks of contraceptives to ensure that contraceptives have not been sold without being recorded.
4. The supervisor issues a receipt to the CBD as proof that cash was given to the supervisor.	4. The supervisor signs the CBD's register to indicate that the money has been received and enters the cash received into a monthly distribution log.
5. The supervisor totals all the cash received from the CBDs, reconciles this with the receipts and contraceptives issued to clients, gives the report and the cash to the officer in charge of finances, and is given a receipt for the money.	5. The supervisor totals all the cash received from the CBDs being supervised, gives the report and the cash to the officer in charge of finances, who signs the log as proof that the money was received.
6. The financial officer totals the amounts from all the supervisors; deposits the money; and records the source, date, and amount of money deposited in the financial records.	6. The financial officer totals the amounts from all the supervisors; deposits the money; and records the source, date, and amount of money deposited in the financial records.

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## Comparing Results with Budget Projections

Comparing actual revenues and expenses with those which were projected in the budget is a key element of financial management. If revenues are lower than your budget projection or expenses are higher, you will need to take immediate action.

When preparing the budget for your integrated family planning program, you may have made decisions about how to apportion costs shared between the family planning program and other activities. When comparing revenues and expenditures with the original budget, you should allocate actual costs to the programs using the same formulae as you used in the budget.

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### Comparing Results with Budget Projections

A clinic which has started to offer family planning services in addition to other health services prepared its budget for the family planning component as follows:

<i>Cost of contraceptives:</i>	Charged entirely to the family planning program
<i>Staff salaries, general cleaning supplies and utilities:</i>	Divided between the various programs offered by the clinic according to the percentage of the total clients estimated to visit the clinic for each program.

In recording actual expenses during implementation of the family planning program, each month's expenses are charged as follows:

<i>Cost of contraceptives:</i>	Charged to the family planning program
<i>Staff salaries, general cleaning supplies and utilities:</i>	The total cost for these items multiplied by the percentage of the total number of clients visits that were for family planning services.

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## Assessing Cost-Effectiveness

To assure quality and excellence, you should always try to evaluate the success of different strategies or service sites within the program. It is also helpful if you compare the success of your program with those of other organizations.

Cost-effectiveness studies help evaluate success by using measurable indicators of program performance. To assess cost-effectiveness, the NGO must:

- Assign costs to the service to be assessed.
- Select a quantifiable indicator as a measure of the program's effectiveness.
- Calculate the cost per indicator by dividing the total costs of the service by the value of the indicator from the program.



## Cost-Effectiveness

### Situation 1: Comparing Different CBD Programs

An NGO decided to assess the cost-effectiveness of its CBD program. It decided to use Couple-Years of Protection (CYP) as the output measure (indicator).

The total costs of its CBD program to date were calculated. The total CYP achieved by the CBD program to date were also calculated. Dividing the costs by the total CYPs gave a cost per CYP of \$3.50. The NGO then compared this cost to the cost by CYP of two other CBD programs run by other organizations in the country (having first discussed with them what costs they were allocating to their CBD programs to ensure consistency with its own analysis). The results showed that one organization had a cost per CYP of \$2.90 and the other a cost per CYP of \$4.80. The NGO was therefore satisfied that its own CBD program was cost-effective in comparison to the others.

### Situation 2: Comparing Different Service Delivery Strategies

The NGO then decided to compare the cost-effectiveness of its CBD program with that of its clinic program. Still using CYP as the output measure, the analysis showed that over the last 12 months, the clinic program had operated at a cost of \$3.70 per CYP. The small difference between the clinic and the CBD programs indicated no significant difference in cost-effectiveness.

In carrying out a cost-effectiveness study, two points need to be considered:

- 1) The assumptions that have been used to allocate costs to the services being assessed must be made clear. (See page 79, "How can your NGO separate costs that are shared by different programs?"). This will help to ensure that fair comparisons of cost-effectiveness are made.
- 2) It is easier to compare cost-effectiveness between organizations than to compare the cost-effectiveness of different programs within the same organization, because of difficulties in apportioning shared costs.

Some of the most common indicators used to assess cost-effectiveness are given in the following table.



Common Indicators for Measuring Cost-Effectiveness	
Cost-Effectiveness Indicator	Advantages/Disadvantages
Cost per CYP	<p>This is the most common measure of program outputs and is used particularly by USAID and IPPF.</p> <p>CYP converts all program outputs regarding contraceptive use from all levels of service delivery to a single measure that enables comparisons between different locations of a single program and between programs.</p> <p>Potential disadvantages are that CYP ignores continuation rates in family planning use and may cause provider-bias when offering long-term methods (with higher CYP/method).</p>
Cost per new family planning user	<p>The number of new family planning users is easily derived from program statistics. Use of this measure to assess cost-effectiveness will reveal whether the program is being successful in attracting new clients at a reasonable cost.</p> <p>Potential disadvantages are that the definition of "new user" may be problematic as it may lead to double-counting. This measure also ignores continuation rates.</p>
Cost per user (new and continuing users)	<p>By including both new and continuing users, this measure gives some indication of continuation rates and is therefore a more accurate indicator of service quality and program effectiveness.</p> <p>Potential disadvantages are that when users switch methods within the program, they may be counted twice. In addition, it is also difficult to collect reliable information on continuing users.</p>
Cost per family planning client	<p>The number of clients should be easy to collect both from clinic and CBD records. This indicator gives equal weight to new and continuing users and to all family planning methods.</p> <p>A program that focuses its efforts on short-term contraceptive methods could appear to be more cost-effective than long-term methods, which require longer service-provider interaction time per client.</p>

It is important to bear in mind that, while a service to a particular group of clients may appear to be more expensive (less cost-effective) in comparison to the same service offered to another group, there may be other factors that need to be taken into account. For example, costs may be higher for the first group because of particular difficulties (terrain, distance, etc.) in reaching them. Yet, this first group may not have access to any other source of services. Thus the results of cost-effectiveness studies should consider carefully the benefits achieved by the program and focus not only on costs alone, but on whether the same results could be achieved in a more effective way.

## Integrating Family Planning into a Dairy Cooperative

### Financial Management

1. What costs did the IPPF Affiliate decide to apportion between the Dairy Farmers' CBD Programme and other IPPF programmes and how did they decide to apportion them?
2. What costs of implementing the programme do not appear in the budget?
3. Why do you think they did not include these costs in the budget?
4. How have the costs of contraceptives been dealt with in the budget?

The IPPF Affiliate staff prepared a detailed budget for the Dairy Farmers' community-based distribution project.

In budgeting for personnel costs, the proportion of existing IPPF staff's time that would need to be given to training, supervising and supporting the CBDs was estimated and included in the budget. Similarly, the fuel costs for the mobile clinic to visit the milk collection point twice a month were calculated, together with the travel costs for the clinic staff to visit the CBDs in the villages. The costs of training the CBDs and providing the CBDs with IEC materials were also included. Other costs, such as the provision of services to the clients referred to the mobile or static clinic, would not be included in the CBD budget.

The resulting budget therefore reflected the incremental costs of implementing the program with the dairy farmers as follows:

	Yr.2	Yr.1	Yr.3	Total	Personnel
1 x Nurse/Midwife @ \$6000/yr x 30%	1,800		1,800	1,800	5,400
1 x Nurse Aide @\$3000/yr x 50%	1,500		1,500	1,500	4,500
2 x Trainers @\$6000/yr x 10%	1,200		0	0	1,200
<b>Total Salaries and Wages</b>	<b>4,500</b>		<b>3,300</b>	<b>3,300</b>	<b>11,100</b>
<b>Travel</b>					
Mobile clinic fuel costs @\$200/yr	200		200	200	600
15 site visits/yr @\$100/yr	100		100	100	300
<b>Total Travel</b>	<b>300</b>		<b>300</b>	<b>300</b>	<b>900</b>
<b>Training</b>					
Trainer Travel & PD x \$600/course x 2 courses	1,200		60	0	1,260
Trainee materials @\$5/person x 80 persons	400		0	0	400
<b>Total Training</b>	<b>1,600</b>		<b>60</b>	<b>0</b>	<b>1,660</b>
<b>Commodity Costs</b>					
3 months supply of condoms @ \$0.054/condom	80		0	0	80
3 months supply of pills @ \$0.20/cycle	150		0	0	150
3 months supply of ORS packets @ \$0.07 each	530		0	0	530
<b>Total Commodity Costs</b>	<b>760</b>		<b>0</b>	<b>0</b>	<b>760</b>
<b>IEC Materials for CBDs</b>					
Flip charts, posters, etc @ \$10/CBD x 80 CBDs	800		0	0	800
<b>Total</b>	<b>7,960</b>		<b>3,660</b>	<b>3,600</b>	<b>15,220</b>

Note: All costs expressed at Year 1 prices. No account has been taken of inflation, which is currently estimated at 5% p.a.

# Worksheet 1a: Assessing Organizational Commitment



This worksheet is intended to help you consider the impact on your organization of integrating family planning. This worksheet could be completed by individuals or used as a discussion guide by staff groups or other stakeholders within your NGO.

Organizational Issues	Questions to Ask	Views
Organizational Mission and Goals	Would family planning conform with your NGO's existing mission?	
	Would family planning help your NGO to achieve its mission and goals?	
Organizational Image	What impact would family planning have on your NGO's image?	
	How would your NGO's image affect the use of family planning services?	
Political Influences	Is family planning a government priority?	
	Is family planning a community priority?	
Financial Implications	Would family planning services increase the financial strength of your NGO by diversifying income or subsidizing services?	
	Would current funding agencies be supportive of your NGO adding family planning services?	

# Worksheet 1b: Mapping Existing Family Planning Services



This worksheet is intended to help you describe the family planning and related services that are currently available to your community. Once it is completed, the worksheet may reveal gaps in services which, when compared with community needs, will assist you to define the potential areas to which your NGO might contribute. For greater impact, you could plot the information on a map of your community.

Service/ Providers	Government	Family Planning Association	Private Practi- tioners	Pharmacies	Other
IEC					
Counseling					
Contraceptive Services					
Referral/Clinical back-up					
Related Services:					
Location of services					
Hours of service					
Fees/charges					
Other Relevant Factors:					



# Worksheet 2a: Designing the Referral System



This checklist contains important issues to consider when designing the referral system. Use it to guide and document your planning or to check your completed plan.

	Method	Referral Site
1. Have you defined the referral sites (at least one for each method offered by your program)?		
2. Have you documented and disseminated details of the referral network to all program staff?	Location of site	
	Transportation options to site	
	Hours of service	
	Services available	
	Cost of services	
3. Have you oriented referral site staff to <i>your</i> program?	Service offered/by whom	
	Location of services	
	Referral records	
4. Have you trained your CBDs in the following areas?	Referral network details	
	When to refer	
	Counseling for referral	
	Other	
5. Have you designed the necessary record systems to support and monitor the referral process?	<b>Requirement</b>	<b>Data Needed/Source</b>
	Track number of referrals	
	Track outcomes of referrals	
	Effective client management	

# Worksheet 2b: Framework for Strategy Selection



This worksheet will help you to formulate a program strategy. Part I helps you to consider **what** services are appropriate and Part II guides you to decide **how** services should be delivered.

Please complete Part I by listing the specific reproductive health services your organization plans to provide under the column "NGO Focus." Refer to your analysis of community needs and organizational interests completed in Step I as you complete this column. Please add any service activities that are not listed.

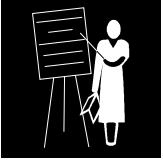
Part II will assist you to select the appropriate implementation strategy for your organization i.e. how should the organization deliver services. To complete Part II you should first decide whether you are interested in CBD, Clinic services, or both. Then describe the current capability of your organization by completing the column "NGO Capability."

## Part I

Program Element	Service Activity Options	NGO Focus
Reproductive Health	IEC	
	Counseling for FP	
	Contraceptive Methods	
	STD Counseling and Referral	
	Antenatal Vitamins	

*Continued on next page.*

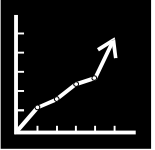
# Worksheet 2b: Framework for Strategy Selection [continued]



## Part II: Selecting a Service Strategy

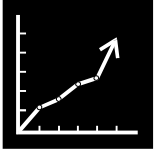
Service Delivery Model	Service Standards	Describe NGO Capability
Clinic-Based Services	Manageable distance to community	
	Convenient hours of service	
	Clinic structure, equipment and supplies meet standards	
	Contraceptive method resupply guaranteed	
	Referral system established	
Community-Based Services	Potential client population available	
	Extension workers available	
	Opportunity for client interaction	
	Methods resupply guaranteed	
	Well defined referral process	

# 3a: Planning to Measure Results



Program Objectives	Indicators	Source of Data for Monitoring Progress
1.		
2.		
3.		

# Worksheet 3b: Preparing a Monitoring Plan



Instructions: This worksheet can be used to prepare your organization's monitoring plan for an integration program. Alternatively you can use the SAAD Case information contained on pages 44 and 50 to complete the worksheet.

Objective: Write the objective for your new integrated program.

---

Indicators: List the indicators you will monitor to measure program success.

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Monitoring Process: Describe how you will collect information about progress.

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Records: Describe what records you will use to collect monitoring information.

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Action: Describe how you plan to use the monitoring results.

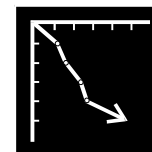
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# Worksheet 3c: Managing Obstacles to Integration

**Purpose:** To assist NGOs in defining potential obstacles associated with implementing an integrated program and to explore possible solutions to those problems.

**Directions:** Review the information in columns 1-2 below, then use your knowledge of your NGO to complete columns 3 and 4.

Column 1	Column 2	Column 3	Column 4
Item to Monitor	Some Predictable Obstacles	Obstacles Your NGO May Encounter	Actions You Can Take to Avoid Obstacles
<b>Internal Factors</b>			
Management support	Confusion over new role; divided commitment to new program		
Staff acceptance	Complaints about workload; poor acceptance of new staff		
Program coordination	Variations in pay for similar work; competition for organizational resources		
<b>External Factors</b>			
Relationship with other agencies	Competition / poor coordination with other service providers		
Client relations	Clients unable to accept the organization's new role		
Community relations	Active opposition by religious groups, community leaders or volunteers		
Donor relations	Competing interests of donors		

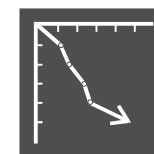


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Column 1	Column 2	Column 3	Column 4
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Management support	Confusion over new role; divided commitment to new program		
Staff acceptance	Complaints about workload; poor acceptance of new staff		
Program coordination	Variations in pay for similar work; competition for organizational resources		
<b>External Factors</b>			
Relationship with other agencies	Competition / poor coordination with other service providers		
Client relations	Clients unable to accept the organization's new role		
Community relations	Active opposition by religious groups, community leaders or volunteers		
Donor relations	Competing interests of donors		



# Worksheet 5a: Assessing Requirements for the Contraceptive Supply System

Directions: Use the population and acceptor data for your program and calculate the contraceptive supply requirements. You should refer to Annex 8: Formulae for Forecasting Contraceptive Needs which will assist you to calculate the number of contraceptives required for new and continuing users.

## Program information

Total population to be served by the Project: \_\_\_\_\_ Women of reproductive age (WRA): \_\_\_\_\_

Projected number of new clients: \_\_\_\_\_

Method mix assumptions (%): Pill \_\_\_\_\_ % Condom \_\_\_\_\_ % IUD \_\_\_\_\_ % Injectable \_\_\_\_\_ % Implant \_\_\_\_\_ %

Step 1: Calculate the number of new clients per year of the program for each method in your program.	Step 2: For each year of the project, calculate the quantity of each contraceptive method needed to supply <b>New Clients</b> .	Step 3: For each year of the project, calculate the quantity of each contraceptive method needed to supply <b>Continuing Users</b> .	Step 4: For each year of the project, calculate the quantity of each contraceptive method needed to supply both <b>Clients and Continuing Users</b> .
Summary of Results			
<b>Step1: New Clients</b> Year 1: Year 2: Year 3:	<b>Step 2: Contraceptive Quantities, New Clients</b> Year:           1       2       3  Pills  IUD  Condoms  Injections	<b>Step 3: Contraceptive Quantities, Continuing Users</b> Year:           1       2       3  Pills  IUD  Condoms  Injections	<b>Step 4: Contraceptive Quantities, Total</b> Year:           1       2       3  Pills  IUD  Condoms  Injections





# Worksheet 5a: Assessing Requirements for the Contraceptive Supply System

**Directions:** Use the population and acceptor data for your program and calculate the contraceptive supply requirements. You should refer to Annex 8: Formulae for Forecasting Contraceptive Needs which will assist you to calculate the number of contraceptives required for new and continuing users.

## Program information

Total population to be served by the Project: \_\_\_\_\_ Women of reproductive age (WRA): \_\_\_\_\_

Projected number of new clients: \_\_\_\_\_

Method mix assumptions (%): Pill \_\_\_\_\_ % Condom \_\_\_\_\_ % IUD \_\_\_\_\_ % Injectable \_\_\_\_\_ % Implant \_\_\_\_\_ %

**Step 1:** Calculate the number of new clients per year of the program for each method in your program.

**Step 2:** For each year of the project, calculate the quantity of each contraceptive method needed to supply **New Clients**.

**Step 3:** For each year of the project, calculate the quantity of each contraceptive method needed to supply **Continuing Users**.

**Step 4:** For each year of the project, calculate the quantity of each contraceptive method needed to supply both **Clients and Continuing Users**.

## Summary of Results

**Step 1:** New Clients

Year 1:

Year 2:

Year 3:

**Step 2:** Contraceptive Quantities, New Clients

Year: 1 2 3

Pills

IUD

Condoms

Injections

**Step 3:** Contraceptive Quantities, Continuing Users

Year: 1 2 3

Pills

IUD

Condoms

Injections

**Step 4:** Contraceptive Quantities, Total

Year: 1 2 3

Pills

IUD

Condoms

Injections



# 4a: Estimating Staff Requirements (page 1)



This worksheet is intended to help you to lay out your calculations for the number of staff you will need for your family planning activities, based on an analysis of the anticipated workload of the program. Start, on this page, by listing out all the tasks that will need to be carried out, then decide which category of staff should carry out these activities. Then, on page 2, estimate how much time will be needed to carry out each activity.

Task	Staff Category
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	

# 4a: Estimating Staff Requirements (page 2)



On this worksheet, write the category of staff at the top of the page, then copy each of the tasks that this category will be expected to perform. Then, in the next column (b), estimate the time it will take to complete that task *once*. Then enter the number of times that task will have to be carried out in one year column (c). In the final column (d), multiply the time in (b) by the number in (c) to get the total time needed to complete the work on that task over one year. By adding up the total times for all tasks, you will get the total estimated time required for that category of staff.

Staff Category			
Task (a)	Time/Task (b)	No. Tasks/Yr. (c)	Total Time/Yr. (d)
Total time required in one year			

To calculate the total number of staff required of this category, determine the total working time available (working hours per year, minus holidays, other leave days and estimated sick days), and divide the total time required in one year by the total time available:

Total time available for family planning work in one year by one person	Total time to complete family planning tasks over one year (Total of Column d)	Total number of staff required to complete all activities (Time needed/time available)

# 4b: Determining Training Needs



Staff Category	Activities	Required Knowledge	Required Skill

# Worksheet 5b: Assessing Requirements for the Contraceptive Supply System



Directions: When planning to offer contraceptive method services, your organization should determine if the existing supply system can be used to manage the new contraceptive supplies and, if not, how it should be changed. First, use this worksheet to document the details of your current supply system. Then, describe the changes that will be needed to adequately manage contraceptive supplies.

Element		Description of Existing System	Changes/Additions Required
Supply	Availability of Local Suppliers		
	Quality of Local Suppliers		
	Cost of Local Suppliers		
Storage	Capacity at each Level		
	Conditions at each Level		
Inventory Control System (Max/Min)	Procedures		
	Adequacy of Staff		
Distribution System	Capacity		
	Frequency		
Record-Keeping	System		
	Instruments		
	Adequacy of Staff		

Note: Your NGO may wish to seek assistance from the local family planning association or other drug supply management program (such as the government's Expanded Programme of Immunization--EPI, or the Essential Drug Programme--EDP) in assessing its own capacity for managing contraceptive supplies.

## Worksheet

# 6

## Determining How to Apportion • Shared Program Costs for Budget • Preparation (page 1)



This worksheet is intended to help you decide which shared costs should be apportioned across the relevant programs and how this apportionment will be done. The example on this page should help you to complete your own information in the blank boxes below. Remember to look at each shared cost separately, since the basis for apportionment may need to vary for each cost. Once you have completed the work for all costs, then you may find that several costs are to be apportioned using the same method of calculation.

Cost Item	Programs that Share Cost	Basis for Calculating Cost Apportionment	Percentage of Cost to be Allocated
CBD Salaries	Child Survival	% of CBD time estimated to be spent on each program	40%
	Family Planning		60%
Rent of Premises	Child Survival	Proportion of total client visits for each program	70%
	Family Planning		30%

Cost Item	Programs that Share Cost	Basis for Calculating Cost Apportionment	Percentage of Cost to be Allocated

*Continued on next page.*

## Worksheet 6 • Determining How to Apportion Shared Program Costs for Budget Preparation (page 2)



<b>Cost Item</b>	<b>Programs that Share Cost</b>	<b>Basis for Calculating Cost Apportionment</b>	<b>Percentage of Cost to be Allocated</b>

Sample of Community-based  
Distribution (CBD) Daily Log Sheet

Name of Distributor: \_\_\_\_\_  
Location: \_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

A-35

Date	Client Name & Address	New Client (check if yes)	Contraceptive Distribution					Counseling	Referral								Date of Next Contact	Comments
			Pills			Condom	Foaming Tablet		LAM	NFP	IUD	Injectable	TL	Vasec-tomy	Compli-cation	Other		
Totals for this Sheet																		

Contraceptive Distribution: Write **Number** of Cycles of Pills, Pieces of Condoms, or Tubes of Foaming Tablets.







Clinic: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

[illegible]



## Sample of Monthly/Quarterly Activity Summary

Clinic Name: \_\_\_\_\_

Location of Clinic: \_\_\_\_\_

Report of Quarter      1      2      3      4

Contraceptive	Contraceptive Data					F Fees Collected	Client Data		
	A Beginning Balance	B Received This Quarter	C Dispensed/ Used	D Adjustments	E Ending Balance		G New Accept's	H Revisits	I Total Visits
Oral Contraceptives									
IUDs									
Copper 380									
Condoms									
Condom									
Injectables									
Depo Provera									
Implants									
Norplant									

Explanation of Adjustments (losses, damage, theft, disposals, etc.): \_\_\_\_\_

Other comments: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_





# Annex 1 • Using DHS Data to Define Program Objectives

The data below are from the Demographic and Health Survey (DHS), a national health survey available from Ministries of Health or IPPF affiliates in many countries. It can be used to determine how the community's health statistics compare to the national statistics.

**Sample  
DHS Data Comparing MCH Data Nationally and Regionally**

Women's and Children's Health Issues	National %	Regional %
<b>Women</b>		
Expected number of births to women age 15-49 (Total Fertility Rate)	4.1	4.8
Mean number of children surviving	3.3	3.6
% knowing at least one modern method of contraception	85	75
% ever used a modern contraceptive method	40	30
% currently using a modern method	25	18
% not using a method who do not wish to become pregnant	50	50
% receiving antenatal care	90	75
% receiving tetanus toxoid immunizations	75	65
% (with children under age 5) who have knowledge of oral rehydration therapy (ORT)	50	40
% anemia in pregnancy	50	50
<b>Children</b>		
% who die before year 1	8	10
% fully immunized	50	50
% under 5 years with diarrhea in past 2 weeks	20	24





# Annex 2: Contraceptive Methods

Please see back cover pocket for the following materials:

- **Poster: "A Guide to Methods of Birth Control"**

Depicts the various primary methods of contraception and their general characteristics.

- **Color Poster: "Family Planning Helps Everyone"**

Summarizes the impact of family planning at the individual, family, national and global levels.







# Annex 3: Basic Principles of Fund-Raising

The survival of an NGO depends to a large extent on its ability to attract support for its activities. Contributions from international donors provide short-term support, but for long-term security, NGOs must turn to local support from national governments and from the private sector, the general public and businesses.

“Fund-Raising” is used here in its widest sense: it includes the profit-making sale of goods; the charging of fees for services, soliciting in-kind donations, and institution membership fees, as well as seeking direct financial contributions. Some of the basic principles of fund-raising include:

## *You have to ask*

Money or in-kind donations are rarely given to an NGO without being requested. Staff and volunteers involved in fund-raising must be prepared to ask for contributions.

## *You have to have the people who will do the asking*

Fund-raising can take a lot of time and effort. There must be sufficient people, either staff or volunteers, to carry out effective fund-raising.

## *Communicate the need and the program*

People who give want to be convinced that their donation is going to meet an important need and that the organization they are giving to is effective and reliable. Fund-raisers must know about the NGO and its activities, and they must be clear about what its support needs are. A small brochure or leaflet about the organization is always helpful.



### *Aim for specific donor targets*

Staff and volunteers are too valuable to waste in widespread efforts that may not bring significant results. Too many “no’s” discourage fund-raisers. It is better to be selective about who you approach, after doing some research to try to identify who might be likely targets.

### *Be specific*

Fund-raisers must understand the goals of the NGO and of the specific program for which they are seeking support. They must make it clear how much of the goal the donor is expected to meet. Vague requests for support tend to result in routine contributions. Try to match requests to the possible interests of the donor.

### *Be persistent*

If a fund-raising campaign is addressed to the general public through the press or the radio, remember that a one-time effort will probably not be enough. Plan the campaign to run over a sufficient period to make sure that the appeal reaches people. If the appeal is addressed to an individual donor, remember that people often receive a lot of mail; telephone calls and visits and the best fund-raising request may get lost unless followed up effectively. A useful strategy for approaching a potential donor is first to write, then to telephone a week or so later and try to arrange a meeting.

### *Fund-raising should be continuous*

Regular communications to the general public and to individual donors should be maintained throughout the year. During the period of the fund-raising effort, keep those who have been approached up to date with how things are going. This provides reminders of your financial need. If people have already contributed, then these communications show them that your intentions are serious and this may help in getting a contribution in the future. Once implementation of the program begins, keep those who have given their support in touch with progress. A six-month annual progress report can help to develop a sense of ownership among donors and again may help in encouraging their future support.



## *Express Appreciation*

When individual or organizational donations do come, it is essential to write a letter of thanks. When a general fund-raising campaign has been successful, announce it in the press or on the radio and thank the public for their help. Business support can also be recognized by including the company's name on NGO publications.

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## Methods of Fund-Raising

There are several methods of raising support for program implementation. Those responsible for seeking this support must review the methods available to them and decide which of those are the most suitable.

The choice of method depends largely on two factors: (1) the potential kinds of donors available and (2) the resources of the NGO to conduct the fund-raising activities (such as the availability of staff or volunteers, existing contacts between the NGO and potential donors, access to communication channels, etc.). Once a decision has been made on the group of donors to be reached, it is easier to decide on the most effective way of reaching them. The fund-raising methods listed below are by no means exclusive, and two or more methods may often be used effectively in combination.

## *Personal Appeals*

This method depends heavily on the availability of staff and volunteers, but it is the most effective way of approaching a potential donor. Armed with the facts and convinced of the importance of the program, the fund-raiser's best chance of obtaining support is by a personal approach. To prevent wasting time and effort, this method should be used to approach those possible donors who are most likely to be interested in the particular program and those with the most to give.

Research into potential donors, careful preparation for the approach and good follow-up action are all very important. The more an NGO can try to match the program to a donor's interests and can demonstrate that it understands the needs of the donor, the more effective the approach is likely to be.



### *Appeals by Mail*

In some countries, sending a personalized appeal to a list of potential generous donors can be effective. The letter should come from the head of the NGO or from a senior volunteer or board member. The letter should state clearly, but concisely, what the NGO is, its goals, and the support it is seeking. It should explain why the potential donor is being approached and give details, if possible, of others who are already supporting the project. It is important to remember however, that mail appeals lack the personal touch that makes the face-to-face approach so effective.

### *Special Events*

When staff and volunteer time is restricted, another fund-raising method is to organize a special event. Funds may be collected through admission fees, sale or auction of donated articles, lotteries, sponsored activities, etc. Examples of such events include:

- |                        |                   |
|------------------------|-------------------|
| • auctions             | • film shows      |
| • exhibitions          | • puppet shows    |
| • fashion design shows | • concerts        |
| • fetes/fairs          | • sponsored walks |
| • sports events        | • treasure hunts  |
| • competitions         | • lectures        |

### *Group Sponsorship*

This involves working with a particular group or groups, such as Rotary or Lions Clubs, students, womens' clubs, etc. to develop a suitable form of fund-raising that they can conduct on your behalf. Soliciting the help of such groups can be a valuable way of fund-raising, particularly for NGOs with limited staff and volunteer time of their own.



## *Sale of Services*

An NGO may be able to generate income from charging fees for the services it provides to individuals, communities or other organizations. Examples include the sale of contraceptives, charges for consultations, fees for educational and training activities, fees for consultancy services provided to business (such as for advice on establishing workplace family planning programs). Wherever fees are to be charged, the NGO must make doubly sure that its services are of good quality and that it is able to deliver what it promises.

NGOs should recognize that they may have expertise and experience for which they can charge. Businesses worldwide are becoming increasingly concerned about the impact of HIV on their workforce, their productivity and their costs. An NGO experienced in the establishment of workplace contraceptive distribution programs may find interest from the business community in setting up programs that provide employees with information about HIV and family planning, together with access to condoms and other contraceptive and counseling services.

## *In-Kind Donations*

Businesses and other donors may not wish, or be able, to give cash. The soliciting of services or commodities, which might otherwise have to be purchased, can be an excellent form of fund-raising. Examples of in-kind donations include:

- contraceptives
- loan or donation of equipment
- provision of materials (such as video cassettes, films, etc.)
- free press, radio or TV space for advertising or health promotion
- accounting and legal services and advice
- design services for brochures or other promotional materials
- volunteer time
- buildings and land
- loan of premises for training programs or meetings
- telephone, electricity or other services
- transportation





# Annex 4: Preparing a Project Proposal

An NGO seeking support for the implementation of a project will normally have to prepare a project proposal for potential funding agents. A proposal should reflect the results of a careful planning process. It provides a potential client or funding agency with details of the planned activities and the costs of those activities. It should also provide sufficient information about the organization making the proposal to enable the reader to assess this organization's experience and capabilities.

Some funding agencies may have their own guidelines for proposal content and format. Where no guidelines exist, the following will help you to structure your proposal.

## The Proposal Components

	<b>Summary</b>	clearly and concisely summarizes the proposal
I.	<b>Introduction</b>	describes the applicant's qualifications or credibility
II.	<b>Problem Statement/ Needs Assessment</b>	documents the needs to be met or problems to be addressed by the proposed activities and/or funds
III.	<b>Goals, Objectives and Targets</b>	what the program aims to achieve, giving specific and measurable results
IV.	<b>Strategies and Activities</b>	describes the activities to be carried out to achieve the desired results
V.	<b>Monitoring and Evaluation</b>	presents a plan for tracking project progress and for determining the extent to which the objectives are achieved
VI.	<b>Sustainability</b>	how the project activities or results will be maintained after the end of the project
VII.	<b>Budget</b>	details the project costs and proposed sources of funding





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## Proposal Summary

The summary is a very important part of a proposal. It will probably be the first thing that a client or funding source will read; it may be the only part of the whole proposal that a busy manager has the time to review. The summary should be clear, concise and specific. It should describe the organization making the proposal, the scope of the project, and the projected cost. Aim to keep the proposal summary to a maximum of two pages (one page is even more desirable).

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### I. Introduction

This is the section of the proposal where you build the credibility of your organization as one which is capable of effectively carrying out the proposed project.

What gives an organization credibility in the eyes of a client or funding source will depend, in part, on the interests and characteristics of those to whom the proposal is being submitted. A more conservative funding source may be responsive to persons of prominence on a Board of Directors, to how long your NGO has existed or to other clients or donors with whom you have worked. You should use the introduction to reinforce the connections you see between the interests of your organization and those of the agency to which your proposal is intended.

In this introductory section, you might include:

- How, when and why your organization was established.
- Anything that is unique about the way your organization got started or about its work.
- The mission or goals of your organization.
- Your organization's most significant accomplishments. If your NGO is new, then you could quote the achievements of individual staff or Board members in their previous roles.
- Previous work that the organization has carried out for other agencies, or support it has received from other organizations. Letters of endorsement could be attached in an annex.



The credibility you establish in your introduction may be more important than the rest of your proposal, but still try to be as brief and specific as you can.

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## II. Problem Statement or Needs Assessment

This is where you describe the specific problem or problems that your proposal is intended to resolve. You need to narrow down your definition of the problem you want to approach to something that you can hope to accomplish within a reasonable amount of time and a reasonable level of resources. Don't try to paint a broad picture of all the problems facing a community; this will only alarm those who receive your proposal.

Define clearly the problem(s) with which you intend to work. State how you know that a problem exists; a few key statistics might be helpful here. Make a logical connection between your organization's resources and experience and the problems and needs to which your proposed project is responding.

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## III. Project Goals and Objectives

Having clearly defined the problem(s), your project's goal and objectives should be designed to offer some resolution of these problem(s).

One common fault in proposals is the failure to differentiate between (a) objectives and strategies; and (b) activities. An objective states what you intend to achieve, and this achievement should be measurable. How you propose to achieve the objective (the activities that the program will include) should be described in the next section.

One way of ensuring that you have a clearly defined objective is to check that your objective states: *who* is going to be doing *how much* of *what*, by *when*, and *how* it will be measured.



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## IV. Strategies and Activities

Having described the problem and your objectives (which indicate a solution to or reduction of the problem), now you need to describe how you will bring about these results. The strategies and activities are your project's methods of achieving its objectives. A strategy describes, in general terms, your approach to achieving the objective. Activities are the particular steps that will be taken to implement the strategy.

Consideration of alternate ways to achieve the objectives is an important aspect of describing your methodology. Showing that you are familiar enough about the context to be aware of different ways of solving the problem, and giving your reasons for selecting your approach, gives a client or funding source a sense that you know what you are doing; this can add to your credibility.

This section of your proposal should also clearly describe the activities to be carried out, who will carry out the activities, the sequence of activities, and a timeline for their completion.

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## V. Monitoring and Evaluation

Monitoring is the collection and review of information about progress being made in the implementation of the project. Evaluation is the process of collecting and analyzing information about the impact and effectiveness of the project. Your proposal should describe the monitoring and evaluation plans, stating when these activities will be carried out, how they will be carried out and by whom.

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## VI. Sustainability

Both clients and funding sources want to know how the project activities (or project results) will be maintained after the project is over. In terms of donors, a promise to look for alternate sources of support is not sufficient; you must present a plan that will assure the donors that you will be able to maintain the new program after the external funding has come to an end. In the case of services to be provided to a client, you must include a plan for how these services will be continued (if appropriate) after your project has ended.



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## VII. Budget

A summary budget should appear in the Summary at the beginning of the proposal. A detailed budget should appear at the end of the proposal.

*See the example given in the case study, Step 6.*

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### Proposal checklist

The checklist below is designed to help the proposal writer in the development and improvement of a proposal. You can use it to check that you have included all the necessary information and that the content is clear and concise.

#### Proposal Checklist

<b>Summary:</b>  Clearly and concisely summarizes the request	<ol style="list-style-type: none"><li>1. Appears at the beginning of the proposal</li><li>2. Identifies the applicant</li><li>3. Includes at least one sentence on credibility</li><li>4. Includes at least one sentence describing the problem</li><li>5. Includes at least one sentence relating to the project objectives</li><li>6. Includes at least one sentence on methods</li><li>7. Includes total cost, funds already obtained and the outstanding amount required</li><li>8. Is brief, clear and interesting</li></ol>
<b>Introduction:</b>  Describes the applicant agency and its qualifications for funding (credibility)	<ol style="list-style-type: none"><li>1. Clearly identifies the source of the proposal</li><li>2. Describes the applicant agency's purposes and goals</li><li>3. Describes the applicant agency's programs and activities</li><li>4. Describes the applicant agency's previous/current clients</li><li>5. Provides evidence of the applicant's accomplishments</li><li>6. Is brief, interesting and free of jargon</li></ol>
<b>Problem Statement/Needs Assessment:</b>	<ol style="list-style-type: none"><li>1. Relates to the purposes and goals of the applicant agency</li><li>2. Is of reasonable dimensions (not trying to solve all the world's problems)</li><li>3. Is supported by evidence and/or statements from authorities</li><li>4. Is stated in terms of client's needs - not the applicant's</li><li>5. Is not stated in terms of "the lack of a program"</li><li>6. Does not make unsupported assumptions</li><li>7. Is free of jargon, is as brief as possible, but makes a convincing case</li></ol>



## Proposal Checklist [continued]

<b>Goals and Objectives:</b>  Describes outcomes of the project in measurable terms	<ol style="list-style-type: none"> <li>1. At least one objective for each problem which is to be addressed by the project</li> <li>2. The objectives describe the results - not how the results will be achieved</li> <li>3. Describes clearly who will benefit from the project</li> <li>4. States the time by which the objectives will be achieved</li> <li>5. The objectives are measurable</li> </ol>
<b>Methods:</b>  Describes the activities to be carried out to achieve the objectives	<ol style="list-style-type: none"> <li>1. Flows naturally from the problems and objectives</li> <li>2. Clearly describes the project activities</li> <li>3. States reasons for the selection of strategies and activities</li> <li>4. Describes the sequence of activities</li> <li>5. States who will be responsible for which activities</li> <li>6. Presents a reasonable scope of activities that can be carried out within the timeframe and resources of the project</li> </ol>
<b>Monitoring and Evaluation:</b>  Includes a plan for monitoring progress in project implementation and for evaluation of project effectiveness	<ol style="list-style-type: none"> <li>1. Describes the indicators that will assist in monitoring and evaluating project accomplishments</li> <li>2. Presents a plan for evaluating the project achievements</li> <li>3. States who will be responsible for monitoring project implementation</li> <li>4. States who will be responsible for project evaluation</li> <li>5. Explains any instruments or questionnaires to be used</li> <li>6. States when formal monitoring and evaluation will be carried out</li> </ol>
<b>Sustainability:</b>  Contains a plan for continuation of project activities beyond the life of the current project	<ol style="list-style-type: none"> <li>1. Presents a specific plan to obtain future funding if program will require continued financial support</li> <li>2. Describes how the project will seek to develop self-reliance for continuation of project activities beyond the project period</li> </ol>
<b>Budget:</b>  Identifies total project costs, existing sources of funding and net costs requested	<ol style="list-style-type: none"> <li>1. Supports information given in the description of the project</li> <li>2. Is sufficiently detailed to identify all calculations and unit costs</li> <li>3. Does not include any unexplained amounts</li> <li>4. Includes all items to be charged to the project</li> <li>5. Includes all items to be paid for by other sources</li> <li>6. Is reasonable and sufficient to perform the tasks described</li> </ol>



# Annex 5: Illustrative Indicators for Monitoring Family Planning Programs

## Illustrative Service Quality Indicators

Indicator	Source of Data	Comments
Percentage of the target population who know the family planning methods and where they can be found.	Surveys of the target population compared with data on where services are actually available.	Programs often use "percentage of the target population that knows of at least one source of contraceptive supplies/services". However, in most countries, people can name one source but do not know the full range of services available. This may be an important barrier to family planning use.
Percentage of service delivery sites offering a full range of methods.	Surveys of service delivery sites compared with a list of the full range of methods that should be available.	This measures one aspect of accessibility - the availability of methods - but does not deal with the question of whether the service providers are actually offering the full range of methods.
Percentage of counseling sessions with new acceptors in which provider discusses all family planning methods.	Observation of a sample of provider-client interactions.  Exit interviews with clients if former approach not feasible.	Observations of provider-client interactions may cause the provider to perform differently. The use of "mystery clients" (researcher who presents herself as a client) may not be appropriate or feasible (such as in situations where there is a known clientele) Exit interviews rely on the memory of the client.
Percentage of clients informed of timing and sources of resupply.	Observation (preferably with a "mystery client") or exit interviews with clients.	An indication of a program's concern with continuity.
Client continuation rates in the program.	Routine service records, plus service provider interviews.	The definition of a non-continuer must be made with care. Method switchers, clients moving out of the area, and clients who deliberately cease taking a method in order to have a child should not be counted as discontinuers.
Percentage of clients expressing satisfaction with the services.	Client exit interviews.	Satisfaction should be rated for the times when services are available and for the choice of method, the information given, provider behavior, etc.

A

### Illustrative Service Utilization Indicators

Indicator	Source of Data	Comments
Number of acceptors new to the service delivery site.	Routine service records.	Measures the ability of the service delivery site to attract clients. Often used by individual family planning programs interested in measuring their own performance, rather than what is happening in the country as a whole.
Number of acceptors new to modern methods of family planning.	Routine service records.	"New acceptor" definition is problematic. An acceptor may be new to the program or to the service delivery site but has previously used a modern method obtained from another source. This indicator avoids confusion and double counting in cases where a user switches method.
Method mix (the number of users by method).	Routine service records.	Provides a profile of the relative level of use of different methods which can indicate client access and provider bias.
Couple Years of Protection (CYP).	Routine service records or contraceptive supply data on contraceptives distributed.	CYP is the estimated protection provided by family planning during a one-year period, based on the number of contraceptives distributed/sold to clients during that period. The CYP is calculated by multiplying the quantity of each method distributed by a conversion factor which gives an estimate of how long that method is effective. CYP does not provide any indication of the number of family planning acceptors.



### Illustrative Integration Assessment Indicators

Indicator	Source of Data	Comments
Number of services, by type, provided to clients at each visit.	Routine service records and/or exit interviews with clients.	Particularly useful when used in situations where family planning has been introduced into a setting offering other health services.
Percentage of clients who actually received the service they said they were seeking.	Exit interviews with clients.	Particularly useful when used in combination with the previous indicator.

### Illustrative Training Indicators

Indicator	Source of Data	Comments
Number of providers trained, by type.	Training records, program reports, financial reports.	A simple indicator of a program's output in relation to training.
Number/percentage of trainees who have gained knowledge.	Written test scores (such as pre- and post-test scores).	Items included in knowledge tests should be relevant to the purpose of the training. If standard tests are used, the results can be compared over time across different trainee groups or different training locations/institutions.
Number/percentage of trainees competent to provide specific family planning services.	Assessment, by an expert observer, of trainee performance against established service standards.	Competency is a more important element of quality of care than knowledge, but is more complex and time-consuming to assess. Care needs to be taken with the design and scoring of competency assessments to reduce observer inconsistencies.







# Annex 6: Conversion Factors For Calculating CYP

Couple-Years of Protection (CYP) is the estimated contraceptive protection provided by family planning during a one-year period, based on the number of contraceptives sold or distributed to clients during that period. The CYP is calculated by multiplying the quantity of each method distributed by the conversion factor for that method.

For example: a program which has dispensed a total of 16,000 cycles of oral contraceptives and provided 50 sterilizations for men and women has achieved a total number of CYP as follows:

$$\begin{array}{rcl}
 16,000 \text{ cycles of oral contraceptives} \times 0.0667 & = & 1,067.2 \text{ CYP} \\
 50 \text{ male and female sterilizations} \times 9.000 & = & 450.0 \text{ CYP} \\
 \text{Total CYP achieved} & = & 1,517.2
 \end{array}$$

Method	Conversion Factor
Oral Contraceptives	0.0667
Intrauterine Device (IUD)	3.5000
Male or Female Sterilization	9.0000
Norplant (implant)	3.5000
Depo Provera (injectable)	0.2500
Noristerat (injectable)	0.1670
Foaming Tablets	0.0067
Condoms	0.0067
Natural Family Planning	2.0000
Lactational Amenorrhoea	0.2500

The conversion factors in the above table are those currently approved for use by the United States Agency for International Development and are subject to periodic updating.



# Annex 7: Routine Records for Family Planning Services

- Potential Client Register
- Family Planning Client Record
- CBD Client Contact Card
- Daily Activity Register
- CBD Daily Log Sheet
- Monthly/Quarterly Activity Summary
- Client Referral Card





## Sample Potential Client Register

[illegible]



## Sample Family Planning Client Record (page 1)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Client Registration Number:

**Do not fill this form for casual non-prescriptive Users**

Clinic Name \_\_\_\_\_

Family Name \_\_\_\_\_

Given Name \_\_\_\_\_

Address (or directions to reach home) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Other Means of Contact \_\_\_\_\_

\_\_\_\_\_

Age \_\_\_\_\_ (Estimate if not known) Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Education:                      None ☐                      Some secondary ☐  
    Some primary ☐                      Secondary completed ☐  
    Primary completed ☐                      More ☐

How did you learn of this family planning service?: (Source of Referral)

Clinic personnel ☐    Outreach personnel ☐    Radio ☐    TV ☐  
    Print media ☐                      Friend ☐    Relative ☐    Other ☐

### Reproductive History

\_\_\_\_\_ No. of children born alive    \_\_\_\_\_ No. of children still living    \_\_\_\_\_ No. of miscarriages  
      \_\_\_\_\_ No. of stillbirths                      \_\_\_\_\_ No. of abortions

Month, year last pregnancy ended \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Result of last pregnancy

   Normal Vaginal ☐    Caesarian ☐    Miscarriage ☐  
    Complicated Vaginal ☐                      Stillbirth ☐                      Abortion ☐

Other complication (specify) \_\_\_\_\_

Date of first menstrual period \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Date of last menstrual period \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Duration of cycle \_\_\_\_\_

Regular ☐    Irregular ☐    Comments \_\_\_\_\_

\_\_\_\_\_

Currently breastfeeding?    No ☐    Yes ☐

Do you want to have more children?

     No, wants no more children ☐                      Yes, but wants child later (spacing) ☐  
    Yes, wants child now ☐                      Not certain (counseling only) ☐

Contraception used prior to this visit?    No ☐    Yes ☐    Method \_\_\_\_\_  
    (specify most recent method used)

Client Registration Number

Family Name





## Sample Family Planning Client Record (page 2)

### Medical History

Diabetic	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Jaundiced	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Frequent urinary tract infection	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Frequent or severe headaches	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Sickle cell anemia	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Other serious illness or condition (If Yes, specify in box at right)	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Smoker?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>

Serious illnesses or conditions

### Initial Medical Examination

(IUD, Hormonal, diaphragm, or sterilization methods; for hormonal, select as needed, according to guidelines or protocols)

Blood Pressure \_\_\_\_ / \_\_\_\_ Weight \_\_\_\_ (Kg.)

Liver enlarged	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Vaginal discharge	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Odor <input type="checkbox"/> Color ____
Uterus position	Anteverted	<input type="checkbox"/>	Retroverted	<input type="checkbox"/>	
Uterus size	Normal	<input type="checkbox"/>	enlarged	<input type="checkbox"/>	
Breasts	Normal	<input type="checkbox"/>	Lumps	<input type="checkbox"/>	

Other \_\_\_\_\_

Other Observations \_\_\_\_\_

Counseling completed \_\_\_\_\_

Referral for other services \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Contraceptive selected this visit \_\_\_\_\_

Brand \_\_\_\_\_ Model \_\_\_\_\_ Size \_\_\_\_\_ Quantity \_\_\_\_\_

Date of next appointment \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Examiner/Supervisor \_\_\_\_\_

### Pregnancies which occur after initial clinic visit

Month, year pregnancy ended \_\_\_\_ / \_\_\_\_ Result of pregnancy

Normal vaginal	<input type="checkbox"/>	Caesarian	<input type="checkbox"/>	Miscarriage	<input type="checkbox"/>
Complicated vaginal	<input type="checkbox"/>	Stillbirth	<input type="checkbox"/>	Abortion	<input type="checkbox"/>

Other complication (specify) \_\_\_\_\_

Sample Family Planning Client Record (page 3)

Client Follow-up										
Date	Method Change (Y/N)	Method Supplied	Brand/ Model	Size	Qty	B/P	Wgt. (Kg.)	Pelvis Exam (Y/N)	Observations, Laboratory Results, Treatment, Method Failure	Next Appt Date





Sample CBD Client Contact Card

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date	Method	Comments/Referral	Date of Next Visit

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





### Sample Client Referral Card

Referral Card	Referral Card
Name of client:	Name of client:
Address:	Address:
Reason for referral:	Reason for referral:
Name and address of service facility:	Name and address of service facility:
Name and address of distributor:	Name and address of distributor:
Date:                      Time:	Date:                      Time:
<b>Distributor copy (for review with Supervisor)</b>	<b>Client's copy</b>





# Annex 8: Formulae for Forecasting Contraceptive Needs

Guidelines for Estimating Contraceptive Needs per Client per Year

Method	Per Continuing User	Per New User *
Oral contraceptive	13 cycles	6.5 cycles
Condoms	100 pieces	50 pieces
Jelly	6 tubes (per diaphragm user)	3 tubes
Foam	6 cans	3 cans
Foaming tablets	100 tablets	50 tablets
Diaphragms	0.3 pieces	1 piece
IUD	0.4 pieces	1 piece
Injectables:		
• Depo Provera	4 doses	2 doses
• Noristerat	6 doses	3 doses
Implant:		
• Norplant (3.5 yrs)	0.3 implants	1 implant

\* This assumes that, on average, a client starts using a specific method midway through the year.







# Selected Bibliography

The following citations are briefly annotated and are grouped under the five specific headings: Management and Finance, Logistics Management, General Background, IEC/Counseling, and Guidelines for Delivery of Family Planning Services. Addresses for ordering documents are listed afterward in case the item is not available in each country, through the IPPF Affiliate, the USAID Mission or other organizations.

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## Management and Finance

Wolff, J.A. et al. *The Family Planning Manager's Handbook: Basic Skills and Tools for Managing Family Planning Programs*. Management Sciences for Health (MSH), 1991.

A comprehensive handbook that provides easy-to-follow guidelines for the range of skills and tools necessary to manage a family planning (FP) program. Particularly relevant are chapters on strategic planning; developing and using work plans; and supervision, staffing, and training. The book includes checklists, sample forms, and examples which demonstrate how management principles are applied.

FPMD Publications Unit  
Management Sciences for Health  
400 Centre St.  
Newton, MA 02158

Day, L. *Designing a Family Planning User Fee System: A Handbook for Managers*. JSI, 1993.

User fee systems need not be overly complicated, and they can often help improve management and efficiency even when fees are set at very low levels. This SEATS document provides a simplified framework for reviewing, developing and designing user fee systems. A 10-step approach is presented through brief discussions and worksheets, including target setting, pricing, means testing, payment mechanisms, and management of fees.

JSI  
SEATS Project  
1616 N. Fort Myer Drive, Suite 1100  
Arlington, VA 22209



Assessing Your Organizational Assets. The Enterprise Program. JSI, 1986.

This manual is designed for managers of non-governmental organizations involved in FP offers the manager a simple, practical, structured way to identify opportunities for change or improvement with the potential to strengthen the organization's contribution to the spectrum of FP programs and services. It takes the manager through a step-by-step process of identification and analysis of all assets available to the organization and how well they are used.

JSI  
FPLM Project  
1616 N. Fort Myer Drive, Suite 1100  
Arlington, VA 22209

Lyons, J. and Morita, K. eds. Promoting NGO/Business Sector Partnerships for AIDS Prevention, UNDP HIV/AIDS Regional Project for Asia and the Pacific, New Delhi, India, 1993.

This manual provides guidance for the development of sustainable NGO program activities through partnership with the business sector. The manual contains the session guidance, learning experiences and case examples used to facilitate a four day regional consultation and support a forum for discussion of successful partnerships.

Initiatives, Inc.  
276 Newbury St.  
Boston, MA 02116



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## Logistics Management

*Family Planning Logistics Guidelines.* Centers for Disease Control and the Family Planning Logistics Management Project, JSI, 1993.

An overview of the various components and objectives of the logistics system, this manual provides examples of logistics information systems, inventory control, techniques for assessing supply, methods of calculating resupply, warehousing, quality assurance, and logistics evaluation guidelines.

JSI  
FPLM Project  
1616 N. Fort Myer Drive, Suite 1100  
Arlington, VA 22209

Quick, J., et al. *Managing Drug Supply: The Selection, Procurement, Distribution, and Use of Pharmaceuticals in Primary Health Care.* Management Sciences for Health, 1986.

Available in English, French and Spanish, this book defines basic terms and supply concepts and provides practical ideas for designing and implementing effective changes in drug supply. The manual focuses on topics of direct relevance to the supply of pharmaceuticals for primary health care; it also provides practical information for governments, international assistance agencies, bilateral aid programs, and charitable organizations to try to increase the effectiveness of health care delivery through improved drug supply management.

FPMD Publications Unit  
Management Sciences for Health  
400 Centre St.  
Newton, MA 02158

"Improving Contraceptive Supply Management." *The Family Planning Manager*, Volume 1, Number 4, September/October 1992, Management Sciences for Health.

This article is designed to help clinic staff understand and apply the principles of effective contraceptive supply management. It presents basic techniques for storing, managing, and ordering contraceptive supplies. Following a discussion of the fundamentals of good supply management, this issue provides guidelines to help managers keep contraceptive supplies in good condition through proper storage and reviews how managers and their supervisors can keep inventory information up-to-date through regular record-keeping.

FPMD Publications Unit  
Management Sciences for Health  
400 Centre St.  
Newton, MA 02158



"Contraceptive Method Mix: The Importance of Ensuring Client Choice." *Outlook*, Volume 10, Number 1, May 1992, PATH.

This article summarizes key issues presented in the WHO publication *Contraceptive Method Mix: Guidelines for Policy and Service Delivery* related to the provision of an appropriate choice of methods.

PATH  
1990 M St., NW  
Suite 700  
Washington, DC 20036

John Snow, Inc., and the Centers for Disease Control. *Family Planning Logistics Management Training Curriculum*. Family Planning Logistics Management Project, JSI, 1990.

This is a core training curriculum designed to improve technical logistics knowledge and skills of Family Planning personnel, to strengthen the commitment of family planning and AIDS control program managers to further improve their logistics systems. The core curriculum is targeted at mid-level family planning managers, but is tailored to address all levels and the needs of specific countries.

JSI  
FPLM Project  
1616 N. Fort Myer Drive, Suite 1100  
Arlington, VA 22209

Bertrand, J.T. et al. *Handbook of Indicators for Family Planning Program Evaluation*. The Evaluation Project, Chapel Hill, 1994.

The Handbook provides a comprehensive listing of the most widely used indicators for evaluating family planning programs in developing countries.

The Evaluation Project  
Carolina Population Center  
CB #8120  
University of North Carolina  
Chapel Hill, NC 27516



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## General Background

*Family Planning Programs: Diverse Solutions for a Global Challenge.* Population Reference Bureau (PRB), International Programs, Washington D.C., 1994.

An information packet, available in English, French, and Spanish, that highlights successful family planning efforts during the past three decades and the program elements that have made them successful. Programs were chosen from Africa, Asia, and Latin America.

PRB  
1875 Connecticut Avenue, NW  
Suite 520  
Washington, DC 20005

*Africa: A New Frontier in Family Planning, Lessons Learned from Operations Research.* Operations Research Program, Center for Population and Family Health, School of Public Health Faculty of Medicine, Columbia University, 1988.

An overview of Columbia University's experience in family planning operations research, including a review of important insights and an outline of challenges that must be addressed in order to successfully bring family planning services to Sub-Saharan Africa.

Center for Population and Family Health  
Columbia University  
60 Haven Avenue  
NY, NY 10032

*Murphy, E. Communicating Population and Family Planning Information to Policy makers.* OPTIONS for Population Policy, Washington, D.C., 1994.

The support of policy makers is key to ensuring that population policies and family planning programs are successful. This manual provides a framework and step-by step approach to addressing policy communication needs. It is designed to serve as a guideline for individuals and institutions in communication of population and family planning information to policy audiences in developing countries.

PATH  
1990 M St., NW  
Suite 700  
Washington, DC 20036



Hardee, K. and Yount, K. "From Rhetoric to Reality: Delivering Reproductive Health Promises Through Integrated Services." *Family Health International Working Papers*, No. WP95-01, August 1995.

This paper identifies policy and service delivery challenges to providing family planning through integrated reproductive health services. It takes an historic view of experiences in formulating, implementing, and evaluating integrated services of **national public-sector programs** in developing countries. Issues discussed include: reproductive health services; integration; challenges to service delivery at the donor and national program levels; costs and funding; and policy actions.

Family Health International  
PO Box 13950  
Research Triangle Park, NC 27709

*Nongovernmental Organizations in International Population and Family Planning.* Population Briefing Paper No. 21. Population Crisis Committee, Washington, D.C., December 1988.

Provides contact information and a descriptions of selected NGOs, with emphasis on those with an international focus on funding or technical assistance for family planning programs, publication of influential materials or extensive public outreach and political influence.

Population Action International  
1120 19th St., NW  
Suite 550  
Washington, DC 20036

"Women's Reproductive Health: the Role of Family Planning Programs." *Outlook*, Volume 12, Number 2. August 1994, PATH.

This article explores ways that family planning programs can systematically add reproductive health interventions to existing services. These programs are often well-positioned to address women's reproductive health needs. Also discussed is the importance of considering client needs and program capabilities when determining the level of reproductive health services to be provided.

PATH  
1990 M St., NW  
Suite 700  
Washington, DC 20036



Wolff, J.A., et. al., *Beyond the Clinic Walls: Case Studies in Community Based Distribution*. MSH, Kumarian Press, 1990.

This collection of case studies guides managers through the planning and implementation of a community-based family planning program in a fictional African country. The cases explore issues faced by FP managers and present necessary management skills, including strategic planning, MIS, supervision and financial management.

Kumarian Press, Inc.  
630 Oakwood Avenue, Suite 119  
West Hartford, Connecticut 06110-1529

Huddart, J. Project Planning Manual for NGOs. UNDP HIV/AIDS Regional Project for Asia and the Pacific, New Delhi, India, 1993.

A detailed project planning manual with case examples and worksheets to assist NGOs in project planning and proposal development.

Initiatives, Inc.  
276 Newbury St.  
Boston, MA 02116





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## IEC/Counseling

"Family Planning Counseling: Meeting Individual Client Needs." *Outlook*, Volume 12, Number 1, May 1995, PATH.

This article explores the role of counseling in meeting client needs and suggests elements of effective counseling and counseling training programs. It discusses the importance of building provider counseling skills and outlines the need for policy maker support of counseling, especially in terms of addressing the client perspective and receiving adequate funding allocations. The article also includes a list of common method-specific client concerns about contraceptives.

PATH  
1990 M St., NW  
Suite 700  
Washington, DC 20036

Rasmuson, M.R., Seidel, R.E., Smith, W.A., Booth, E.M. *Communication for Child Survival*. HEALTHCOM, Academy for Educational Development, 1988.

This manual presents a systematic public health communication strategy for health professionals who wish to use communication to improve health in the developing world. Although it is designed for child survival programs, it is a useful guide for all public health programs. The manual provides a detailed description of social marketing, planning, monitoring/evaluation and institutionalization of public health communication strategies.

Academy for Educational Development  
HEALTHCOM  
1255 23rd St. N.W.  
Washington, DC 20037

Zimmerman, M., Newton, N., Frumin, L., Wittet, S. *Developing Health and Family Planning Print Materials for Low-Literate Audiences: A Guide*. PATH, 1989.

The techniques outlined in this guide can be used to develop materials on any health or family planning topic. These techniques can also be adapted and used to develop materials on other subjects in any medium.

PATH  
1990 M St., NW  
Suite 700  
Washington, DC 20036



[UNICEF, WHO, UNESCO. Facts for Life: A Communication Challenge.](#)

This book, available in Arabic, English, French, Portuguese, and Spanish, provides the essential knowledge necessary for continuous health education which can be disseminated to communities through a broad range of communicators. The process of health education is also examined - how attitudes, beliefs and behaviors are changed.

UNICEF, DIPA  
Facts for Life Unit  
3 UN Plaza  
New York, NY 10017

[Abbatt, F., McMahon, R. Teaching Health Care Workers: A Practical Guide \(Second Edition\). Teaching Aids at Low Cost, Macmillan Education Ltd., 1993.](#)

This book emphasizes the modification of workers' attitudes, as well as educating and training workers in necessary communication and decision-making skills in order to provide health care. Chapters include: role of the teacher, task analysis, planning, and choosing teaching methods.

Teaching Aids at Low Cost (TALC)  
P.O. Box 49  
St. Albans, Herts  
AL1 5TX  
United Kingdom

[Slides and/or videos on family planning and counseling may be obtained from the following organizations, among others:](#)

Local Planned Parenthood Associations and offices of the United Nations Population Fund and USAID

Association for Voluntary and Safe Contraception (AVSC)  
79 Madison Avenue  
New York, NY 10016

Development through Self-Reliance (African films and videos)  
9111 Guilford Road, #100  
Columbia, MD 21046

Family Health International  
Research Triangle Park  
North Carolina 27709

Johns Hopkins Program of International Education in Reproductive Health (JHPIEGO)  
Brown's Wharf  
1615 Thames Street  
Baltimore, MD 21231

Johns Hopkins University/Center for Communication Programs  
111 Market Place, Suite 310  
Baltimore, MD 21202-4024



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## Guidelines for Delivery of Family Planning Services

Blumenthal, P.D., McIntosh, N. *Pocket Guide for Family Planning Service Providers*. JHPIEGO, 1995.

This guide is designed to provide clinicians with easily accessible, clinically-oriented information for use in family planning service provision. It is intended as a resource to provide immediate answers to questions about a client's medical condition or a contraceptive method.

JHPIEGO  
1615 Thames Street  
Baltimore, MD 21231

Tietjen, L., Cronin, W., McIntosh, N. *Infection Prevention for Family Planning Service Programs*. JHPIEGO, 1992.

This manual is designed to enable administrators, clinic managers and health care professionals to develop uniform infection prevention guidelines for use in any type or size of family planning program. It supplies essential infection prevention information in an easy-to-understand format and is very user-friendly.

JHPIEGO  
1615 Thames Street  
Baltimore, MD 21231

Hatcher, et. al. *Contraceptive Technology (Sixteenth Edition)*. Irvington Publishers, Inc. New York, 1994.

This important reference for family planning providers is an excellent source of timely contraceptive and reproductive information. Special sections in this edition deal with the prevention and treatment of AIDS and other STDs, the female condom, and Depo-Provera.

Bridging the Gap Communications, Inc.  
1014 Sycamore Drive  
Decatur, GA 30030

